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| Certified Copies Certificates of Status | FILED 2010 JUN -4 AMIL: 21 PALLAHASSEE FLORIDA |

Office Use Only

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COVER LETTER

TO: **Registration Section Division of Corporations**

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call;



Enclosed is a check for the following amount:

□ \$25,00 Filing Fee

\$30,00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| ARTICLES OF A TC ARTICLES OF O OI |) RGANIZATION |
|---|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L1 80000 477 3</u> 3 | vere filed on FEBRUARY 22 and assigned 2018. |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil 7TH MED The new name must be distinguishable and contain the words "Limited Liability | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | wla |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | : |
| Name of New Registered Agent: | NA E T |
| New Registered Office Address: | Enter Eforida street address |
| | City ZinCode |
| Non- Panistarad Agant's Signature of changing Pagistarad Agant- | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | MAY 30th 2018 |
|-------|--|
| | C MA |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |



Filing Fee: \$25.00