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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	RMA I Elg L	But (1)4(. E)	Medi@Services LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Aniba	Name of Person	
	Cambridge	Building & Me	dia Services LLC
	6106Cur	ry Ford Road	Suit 210
	Orlando,	71 32822 City/State and Zip Code	
	E-mail address: (City/State and Zip Code hm services @gm. to be used for future annual report no	ufication)
For further information c	oncerning this matter, please ca	alt:	
Name o	Person	at (<u>32/</u>) <u>960</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cembrice But (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	Modia Services
The Articles of Organization for this Limited Liability Company Florida document number <u>L18008</u> [[8899]	were filed on <u>5-7</u>	1 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	18 JU
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	6106 Car	or for fick and
(Principal office address MUST BE A STREET ADDRESS)	Suite 210 Orlando,	7/327=2=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		17.1

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Anibal Tirado	6106 Curry Ford Ro	<u>ṽ.</u> ☐ Add
		D. Suite 210	☐ Remove
		Orlando, 7132722	Change
			□ Remove
		·nc= :-	Change
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Effective date, if	other than the date o	of filing:	to date of filing or more th	(optional) z) Pursuant to 605 020
Note: If the date is		es not meet the applic	able statutory filing req		
	fies a delayed effect after the record is		t an effective time	, at 12:01 a.m	on the earlier o
Dated	24-18 _A	A			
	MN-1 Somati	ure of a member or author	orized representative of a	member	
			mineti i Epiterellitati e til ta		

Page 3 of 3

Filing Fee: \$25.00