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COVER LETTER

TO: Registration Se Division of Con			
InterAmer SUBJECT:	icaMed, LLC		
30B3EC1	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Frances Alzola Sadler		
		Name of Person	
	fasInterAmericaMed, LL	С	
		Firm/Company	
	Post Office Box 278767		
		Address	
	Miramar, Florida 33027		
	fasadler@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	cation)
Frances Alzola Sadler		786 897-9106	
Name o	f Person	at () Area Code Daytime	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)
	ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

InterAmericaMed, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 20, 2018 Florida document number L18000175238 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: fasInterAmericaMed, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 200 South Andrews Avenue Enter new principal offices address, if applicable: Suite 901 (Principal office address MUST BE A STREET ADDRESS) Ft. Lauderdale, Florida Post Office Box 278767 Enter new mailing address, if applicable: Miramar, Florida 33027 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida j

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u> Fitle</u>	<u>Name</u>	Address	Type of Action	
		-	Add	
			☐ Remove	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ive date, if other than the date of filing: July 20, 2018 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	07/26 2018
	Signature of a member or authorized representative of a member
	Frances Alzola Sadler

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Filing Fee: \$25.00