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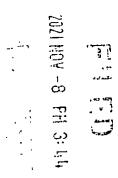
(Requestor's Name)
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Tallahassee, FL 32314

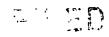
TO:

TO: Registration S Division of Co			
AgeMD, I	.LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Name of Limited Liability Company sicles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Ralph Smith Name of Person AgeMD, LLC Firm/Company 13529 Westshire Drive Address Tampa. Florida 33618 City/State and Zip Code ralph@agemd.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:		
Please return all corresp	ondence concerning this matter	to the following:	
	Ralph Smith		
	- · · · · ·	Name of Person	
	AgeMD, LLC		
		Firm/Company	
	13529 Westshire Drive		
		Address	
	Tampa, Florida 33618		
		City/State and Zip Code	
	, -		
For further information			nouncation)
Ralph \$ mith		813 728-738:	5
Name	of Person	at () Area Code Da	ytime Telephone Number
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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address Registration	_
Division of 0	Corporations	Division of	Corporations
P.O. Box 63	27	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AgeMD, LLC	2621 HOV -8 PM 3: 44
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L18000175371	The second of th
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13529 Westshire Drive
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33618
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13529 Westshire Drive Tampa, Florida 33618
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	GIRC 1 117 IAA SII CCI AAAI CSS
	, Florida
	City Zip Code

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARKOWITZ, BREIT	16122 BRECON PALMS PL	□Add
		TAMPA, FL 33647	■Remove
			□ Change
MGR	NIELSEN, BRANDEE	13529 WESTSHIRE DRIVE	三 Add
		TAMPA, FL 33618	□ Remove
			□Change
			□ Add
		<u> </u>	□Remove
			□ Add
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	her than the date of led, the date must be specifi	ic and cannot be prior to	o date of filing or more than	(optional) n 90 days after filing.) Pursuan	t to 605.0207
n effective date is list ote: If the date inse	erted in this block does date on the Department		ole statutory thing requ	irements, this date will not	be listed as
n effective date is list ote: If the date inso cument's effective	erted in this block does date on the Department	t of State's records.		earlier of: (b) The 90th da	
n effective date is list ote: If the date inso cument's effective ecord specifies a de is filed.	erted in this block does date on the Department date of the Department elayed effective date, but	t of State's records.			
in effective date is list ote: If the date inso cument's effective ecord specifies a de	erted in this block does date on the Department elayed effective date, but	t of State's records. It not an effective tim 2021	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	
n effective date is list ote: If the date inso cument's effective ecord specifies a de is filed.	erted in this block does date on the Department elayed effective date, but	t of State's records. It not an effective tim 2021		earlier of: (b) The 90th da	