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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) d Copies Certificates of Status
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:		IONAL MED EQUIPMENT,	I.I.C			
Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		FARHAD RAVAEE				
			Name of Person			
		INTERNATIONAL MED	EQUIPMENT, LLC			
			Firm/Company			
		4105 INTERLAKE DR				
			Address			
		TAMPA, Fl. 33624				
			City/State and Zip Code			
		FARHADINC2000@GMAI				
		E-mail address: (to	o be used for future annual report notific	cation)		
For further in	iformation co	ncerning this matter, please ca	H:			
FARHAD R	AVAEE		813 340-7318			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
\$25.00 F	iling 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:

TO:

Registration Section

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

INTERNATIONAL MED	·	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. bility Company))
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{1.18000193086}{1.18000193086}$.	ere filed on AUGUST 13, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		The second second
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 AM 9: 41
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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.

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NICHOLAS JAMES EXARHOS	902 GUISANDO DE AVILA	■ Add
		TAMPA, FL 33613	
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'an ef Note:	ive date, if other than the date fective date is listed, the date must be s If the date inserted in this block of	pecific and cannot be pricedoes not meet the appli	or to date of filing or more thicable statutory filing rec	nan 90 days after fili auirements, this da	ng.) Pursuan ite will not	t to 605. be liste	.0207 ed as
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	Sign	nature of a member or aut	horized representative of a	member	[미국(- <u>의원</u>	20	7
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	FARHAD RAVAEE				,—ic∧		

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Filing Fee: \$25.00