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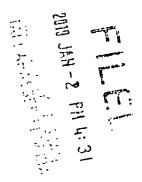
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COVER LETTER

Division of	of Corporations		
TLC SUBJECT:	Medical Consulting, LLC		
30BJF.C1.	Name of Limited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.		
Please return all co	rrespondence concerning this matter to the following:		
	Lillian A. Cruchelow		
	Name of Person		
	TLC Medical Consulting, LLC		
	Firm/Company		
	2469 Morning Dove Lane		
	Address		
	The Villages, Fl. 32162		
	City/State and Zip Code		
	mmoeller@tlc-med.com		
	E-mail address: (to be used for future annual report notification)	2	
For further informa	ation concerning this matter, please call:	2019 JAN 7AL TAN	
Michelle Moeller	563 650-9445 at(· · · · · · · · · · · · · · · · · · ·	Decares Laborate
۸	Vame of Person Area Code Daytime Telephone Number	2 PH	
Enclosed is a check	c for the following amount:		•
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

MAILING ADDRESS:

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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

TLC Medical Consulting, 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 November 13, 2018 ____ and assigned Florida document number L18000265927 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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) 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: Lillian A. Cruchelow Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lillian A. Cruchelow	2469 Morning Dove Lane	
		The Villages, FL 32162	Add
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ffective date, if other than the date must one an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and ock does not r	d cannot be prior neet the applic	able statutory f	or more than 90 days	optional) after filing.) Pu , this date will	rsuant to 60 not be lis	5.0207 ted as
e record specifies a delayed The 90th day after the reco	effective ord is filed.	date, but no	t an effectiv	e time, at 12:0	01 a.m. on	the earli	ier of
December 21		2018					
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				tive of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00