

L19000028729

Florida Department of State

Division of Corporations

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Division of Corporations

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: protocols@connectedmedicalsvc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONNECTED MEDICAL SERVICES LLC**

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UJS
3-28-19

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONNECTED MEDICAL SERVICES 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 02/04/2019 and assigned
Florida document number L19000028729.

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 "L.L.C."

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:

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:

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

DocuSign Envelope ID: E4D0CFA1-D842-4DD7-888C-3A3A56CDFC56

Audit# H19000099297

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	THOMAS EDWARD OLIVER	11760 NE 14TH AVE ANTHONY, FL 32617	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIFFANY FIORENTINO	11760 NE 14TH AVE ANTHONY, FL 32617	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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12. If attaching any other information, enter changes, here: *(Attach additional sheets, if necessary.)*

(If an effective 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 605.0207.13(b)

- Designed by:

THOMAS EDWARD OLIVER

- 334203758063421..

Signature of a member or authorized representative of a member

THOMAS EDWARD OLIVER, AUTHORIZED MEMBER

Typed or printed name of signee