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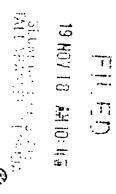
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## **COVER LETTER**

	on Section f Corporations
	D CBD LLC
SUBJECT:	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:
	William D. King
	Name of Person
	ACCOUNTANTS AND BUSINESS ADVISORS, LLC
	Firm/Company
	2631-A NW 41ST STREET
	Address
	Gainesville, FL 32606
	City/State and Zip Code
	bking@aba-advisors.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Chris Kelly	561 236 - 0156
N	at () ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

.

MAILING ADDRESS: 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

	MED CI	BD LLC		
(Name of the Limited	Liability Compa A Florida Limited	inv as it now appears on our rec Liability Company)	ords.)	<del>_</del>
The Articles of Organization for this Limited Lia	bility Company	were filed on03/15/2019		and assigned
Florida document number L19000074094	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "I	LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A	II.	19 N
• •	fice address MUST BE A STREET ADDRESS)			
			• • •	<b>ය</b>
				Das . i i
Enter new mailing address, if applicable:		N/A	- ;	
(Mailing address MAY BE A POST OFFICE B	0 <b>Y</b> )			(g)
Maining dauress WAT BE A FOST OFFICE B	<u>UAJ</u>		62	
3. If amending the registered agent and/or registered agent and/or the new registered offi	* *		ords, <u>enter the</u>	name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street add	dress	
			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.

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	Lisa Barr, M.D.	933 FIRST COLONIAL ROAD	
		STE 200	■ Remove
		VIRGINIA BEACH, VA 23454	Change
AMBR	Mark Hashim, M.D.	3314 Henderson Blvd #104	Add
		Tampa, FL 33609	□ Remove
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	N/A - date of		
ctive date, if other than the dat	e of filing:	(optional) filing or more than 90 days after filing.) Pursuant to	605.0
If the date inserted in this block	does not meet the applicable statt	story filing requirements, this date will not be	liste
ment's effective date on the Depar	tment of State's records.		
anand analicia a dalamada di	#		_11_
ecord specifies a delayed en ie 90th day after the record	is filed.	fective time, at 12:01 a.m. on the ea	iriie
dNOVEMBER 13	2019		
1	Now N V-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00