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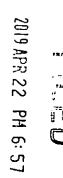
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| SUBJECT: | PurMed Inte | rnational LLC | | |
|----------------|-----------------|---|---------------------------------------|--|
| SOBJECT. | | Name of Limi | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | idence concerning this matter | to the following: | |
| | | Barbara Sacks | | |
| | | - | Name of Person | |
| | | Name of Person PurMed International LLC Firm/Company 95 NE 4TH AVENUE SUITE 100 Address DELRAY BEACH Florida 33483 City/State and Zip Code stojet77@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (| | |
| | | | Firm/Company | |
| | | 95 NE 4TH AVENUE SU | · | |
| | | | | |
| | | DELRAV REACH Florida | | |
| | | DEEKAT DEACTITIONG | 20702 | |
| | | stojet77@gmail.com | City/State and Zip Code | |
| | | E-mail address: (1 | to be used for future annual report i | notification) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| barbara sack | s | | | |
| | Name of | Person | Area Code Day | time Telephone Number |
| Enclosed is a | a check for the | e following amount: | | |
| ■ \$25.00 F | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

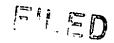
Registration Section
Division of Corporations

TO:

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



PurMed International, LLC

2019 APR 22 PM 6: 57

(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 April 3 2019 and assigned Florida document number 1.19000092066 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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) n/a 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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> | <u>Address</u> | Type of Action |
|--------------|--------------------------------|-----------------------------------|----------------|
| MGR | ROCK CAPITAL ASSOCAITES LLC | 3759 COVENTRY LANE | |
| | | BOCA RATON, FL 33496 | Add |
| | | | ■ Remove |
| | | | □ Change |
| | DARRYL GOLDSTEIN | 95 NE 4TH AVENUE, SUITE 100 | Change |
| MGR | | | |
| | | DELRAY BEACH, FL 33483 | |
| | | | Remove |
| | | | Change |
| MGR | POOCIA LLC | 2155 SOUTH OCEAN BLVD SUITE 14 | □ Add |
| | | DELRAY BEACH, FL 33483 | Add |
| | | | Remove |
| | | | □ Change |
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| Effective | date, if other than the | date of filing: | | (optional) |
| (If an effecti Note: If t | ive date is listed, the date mus the date inserted in this blo | st be specific and cannot be prior to | date of filing or more than 90 d de statutory filing requireme | lays after filing.) Pursuant to 605.0207 (3 ents, this date will not be listed as th |
| | rd specifies a delayed Oth day after the rec | | an effective time, at 1 | 2:01 a.m. on the earlier of: |
| Dated AP | PRIL 15. | 2019 | | |
| Daicu | <u> </u> | 1/ | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee