L19000138165

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TO:	Registration S Division of Co			•		
SUBJE	IMEX ME	IMEX MEDICAL INTERNATIONAL, LLC T:				
SUDJE						
		Amendment and fee(s) are sub	_			
Please	return all corresp	ondence concerning this matter	to the following:			
		JOAO H. GOMES, CPA				
		RVG & COMPANY	Name of Person			
312 SE 17TH ST, S			Firm/Company 301			
		Address FORT LAUDERDALE, FL 33316				
		City/State and Zip Code JGOMES@RVGCO.COM				
		E-mail address: (to be used for future annual report not	ification)		
For furt	ther information of	concerning this matter, please co	all:			
JOAO	H GOMES		954 233-1767 at ()			
	Name o	of Person		ne Telephone Number		
Enclose	ed is a check for t	he following amount:				
■ \$25	5.00 Filing 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:

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

IMEX MEDICAL INTERNATIONAL, ELC (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 05/22/2019 _____ and assigned Florida document number $\frac{1.19000138165}{1.19000138165}$ 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: 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.

City

• 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
MGR	DIEGO NUNES		
		RUA DAS ORQUIDEAS, 283,	
		APT 703	Remove
			Change
AMBR	EDISON BIANCHI	R. LAURINDO JANUARIO DA SILVEIRA 3747	■ Add
		FLORIANOPOLIS SC BRAZIL	Add
			Remove
			Change
		,	Add
			□ Remove
			□ Change
			□ Remove
			Change
			Add
			☐ Remove
		-	□ Change
			□ Remove
			Change

Effec	tive date, if other than the date of filing:
INOLE.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	ment's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Datec	08/29/19 DocuSigned by:
	Dicyo Nurus 17E/51915300486 Signature of a member or authorized representative of a member
	Vilgo Mines
	1/E/51915300386 Signature of a member or authorized representative of a member
	Vicyo Nucción Signature of a member or authorized representative of a member