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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: If amending address distinguishable and contain the words "Limited Liability Company here: 26971 SW 134th Place Homestead FL 33032 If amending address MUST BE A STREET ADDRESS) Homestead FL 33032 If amending address MAY BE A POST OFFICE BOX) Homestead FL 33032 If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address: Enter Florida street address: Enter Florida street address: City City City Tap Gode, Provide agree to act in this capacity. I further agree to comply we have a programment as registered agent and agree to act in this capacity. I further agree to comply we have agreed agent and agree to act in this capacity. I further agree to comply we have agreed agent and agree to act in this capacity. I further agree to comply we have agreed agent and agree to act in this capacity. I further agree to comply we have a complete the complet		•••
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If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	MEDICAL PRIME SOLUTIONS LLC	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	☑ Remove
			□ Change
AMBR	Sergio Corbillon	26971 SW 134th Place	☑ Add
		Homestead FL 33032	□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
		Add	
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: 1	tive 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 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	December 4 2019
	Signature of a member or authorized representative of a member
	Riley Park Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00