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## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following:
	Pande Gacon Name of Person
	Medical Amber Firm/Company
	253 NE 2Nd Street, Apt 3004 South
	Miami, Fl 33132  City/State and Zip Code  amber_bacon (w holmail-com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (604) 614 8572  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount: Previously Paid on First Submission
□ \$2	5.00 Filing Fee Solution Status Solution Statu

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medical And Name of the Limited Liabil (A Florid		oears on our reco	rds.)		<del></del>
The Articles of Organization for this Limited Liability C Florida document number		June 2	6, 201	<u>q</u> and	d assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim  CNC FIGH LLC  The new name must be distinguishable and contain the words "Lim			.C" or the ab	breviatio	on "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)			202	
Enter new mailing address, if applicable:			E AIR C	SEP 28	Limited Action of the Control of the
(Mailing address MAY BE A POST OFFICE BOX)			In the little of	्ड स्व	R H J Magazing Paggar
			<u>لنن</u> . توزيه	<u>:-</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on ou	r records, <u>ente</u>	er the nam	e of the	e new registered
Name of New Registered Agent:			_		
New Registered Office Address:	Enter	Florida street addi	cess		
•		1	Florida		
	City		<del></del>	Zip C	Tode

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 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
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ective date, if other than the date of filing:	(optional)	. D
effective date is listed, the date must be specific and cannot be prior to date of filing or rete: If the date inserted in this block does not meet the applicable statutory filing		
nument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The	e 90th day after
s filed.		
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ed Sept 21st . 2021		
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Signature of a member or authorized representativ	e of a member	

Filing Fee: \$25.00