Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC

Account Number : 120170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Manningmd@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALMI TECHNOLOGIES, LLC

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LALBRUTON

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Help

TO:

Registration Section

## **COVER LETTER**

Division of Cor	porations		
Healmi Tee	chnologies, LLC		
SUBJECT:	-	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter		
ricase retuin an correspo	onderice concerning this matter	to the tonowing.	
	Kalpesh Patel		
		Name of Person	
	FL Patel Law PLLC		
	··· · · · · · · · · · · · · · · · · ·	Firm/Company	<del>20 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>
	360 Central Avenue, Suite	800	
		Address	
	Saint Petersburg, FL 3370	I	
		City/State and Zip Code	
	Kalpesh@flpatellaw.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	ail:	
Kalpesh Patel		727 279-5037	
Name o	of Person	at () Area Code Daytin	te Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Malling Addre	55;	Street Address;	
Registration	Section	Registration Se	
Division of C		Division of Col	•

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7	and July 10	
	Els C	20 50

Healmi Technologies, LLC		
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Li	ability Company were filed on	
Florida document number L19000175072	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company	here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or the new registered office address.	egistered office address on our	records, enter the name of the new registered
agem and of the new regimened office addi-		
Name of New Registered Agent:	Wound Care Holdings, LLC	
New Registered Office Address:	288 Beach Drive NE; APT 7C	
	Enter F	Torida street address
	Saint Petersburg	, Florida <sup>33701</sup>
	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>	<u>Address</u>	Type of Action
MGR	3R Ventures, LLC	401 East Jackson Street	□Add
		Suite 3550	<b>≡</b> Remove
		Tampa, FL 33602	
MGR	Wound Care Holdings, LLC	288 Beach Drive NE	■Add
		APT 7C	
		Saint Petersburg, FL 33701	
MGR	The Devin Group, LLC	3605 West De Leon Street	≡Add
		Tumpa, FL 33609	
			□Remove
			□ Change
			□Remove
			☐ Change
			[] Add
			□Remove
			□Change

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Effective date, if other than the date of filing:  [Optional]  [In a effective 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 605.020 More;  [If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date of the Department of State is records.  The effective date of the Poth day after the distilled.  Dated  [July 10]  [Nichael Manning]  Signature of a member or authorized representative of a member.		
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		Michael Manning

Filing Fee: \$25.00