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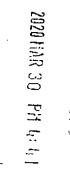
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O SIMMONS APR 15 2020

COVER LETTER

Division of Cor	porations	•		
SUBJECT:	SUNSHINE MED		LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	N	ORMAN LOPEZ		
Name of Person				
		NORMAN LOPEZ Name of Person FimvCompany 5200 NW 31ST AVE APT E91 Address FORT LAUDERDALE, FL 33309 City/State and Zip Code CTORMNORMGRAPHX@GMAIL.COM mail address: (to be used for future annual report notification) atter, please call: at (845) Area Code Daytime Telephone Number unt: ing Fee & S55.00 Filing Fee & S60.00 Filing Fee. c of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	5200 N		<u> </u>	
	EODT I		3309	
	STORMN	ORMGRAPHX@GM	IAIL.COM	
For further information c	oncerning this matter, please c	-	(nourcasen)	
NORMA	N LOPEZ	at (_845)	283-1588	
Name o	f Person	Area Code Da	aytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	
Mailing Addres Registration				
Division of C		E		
P.O. Box 632	27			
Tallahassee.	FI. 32314	2415 N. Mo	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE MEDICAL L			2021	
(Name of the Limited Liability Company (A Florida Limited Lia			A	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>SEI</u>	TEMBER 25,	2019 and assigned	d
Florida document numberL19000242621			- F	• •
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:		·	
STORMNORMGI	RAPHX, LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5200 NW 31	ST AVE A	PT E91	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUE	DERDALE,	FL 33309	
Enter new mailing address, if applicable:	5200 NW 31S			_
(Mailing address MAY BE A POST OFFICE BOX)		EKDALE,	T L 33309	
B. If amending the registered agent and/or registered office adapent and/or the new registered office address here:	ldress on our reco	rds, <u>enter the r</u>	name of the new reg	istere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida :	street address		
· · · · · · · · · · · · · · · · · · ·	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	· ·		-	
I hareby account the approintment as registered agent and agree		anien I Gamelana		.:.lL

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>	Name	Address	Type of Action
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cument's	effective date on the	Department of	State's records		, 			
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is filed.								
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ited	MARCH	25	. 2020	_ ,				
_		Signature of a	member r auth	ori de l'errese	planye of a mem	ber		—
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