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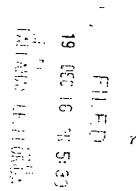
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JAN 1 6 2020 S. YOUNG



COVER LETTER

TO:

	gistration Sec ision of Corp						
elibirat.		Medical LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	f Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Diaconescu Lucian					
		·	Name of Person				
		White Collar Medical LLC					
			Firm/Company				
		6268 Westshore Dr.E3					
		Address Ft.Myers, Florida 33907					
			City/State and Zip Code				
		diaorth@gmail.com		·, ,,			
For further i	nformation co	e-mail address: (to be used for future annual report not	itication)			
		neering this matter, please ea					
GABRIEL T			239 645 9656 at ()				
	Name of	Person	Area Code Daytin	ne Telephone Number			
Enclosed is a	i check for the	: following amount:					
■ \$25.00 H	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)			
	iling Address		Street Address:				
Registration Section Division of Corporations				Registration Section Division of Corporations			
P.C	D. Box 6327	•	The Centre of	•			
Tal	Hahassee F	1 32314	2415 N. Moneo	o Street Suite \$10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE COLLAR MEDICAL LLC			7. in (p)		
(Name of the Limite	ed Liability Compa (A Florida Limited	iny as it now appears on our recor Liability Company)	ds.) PEC I		
The Articles of Organization for this Limited Li	ability Company	were filed on NOV.22,2019	and assigned		
Florida document number L19000290311					
This amendment is submitted to amend the follo	F. Odlika 18. 3 . 30				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if application	able:	6268 WEST SHORE DR.E3			
(Principal office address MUST BE A STREET ADDRESS)		FORT MYERS			
		FLORIDA 33907			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or re		address on our records, <u>enter</u>	r the name of the new register		
agent and/or the new registered office addres	<u>s here</u> :				
Name of New Registered Agent:	DIACONESCU	JLUCIAN			
New Registered Office Address:	New Registered Office Address: 6268 WEST SHORE DR.E3				
	En				
	FORT MYERS	. F	lorida <u>33097</u>		
		City	Zin 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>	Name	Address	Type of Action
MGR	DIACONESCU LUCIAN	6268 WEST SHORE DR. E3 FT.MYERS FL.33907	= Add
			□Remove
			□Change
AMBR	TIMIS GABRIEL	6268 WEST SHORE DR.E3 FT.MYERS FL 33907	□Add
		 	= Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

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<u> Sote:</u>	we date, if other than the date of filing:
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	12/12/2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member