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PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	MEDI (CONCIERGE L ited Liability Company	<u>LC</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	T	HO CHI LE Name of Person	
	8350 1	, ,	2T
_	MiAMi THOCHIL	City/State and Zip Code E @ G MAIL To be used for future annual report positions.	47 Com
For further information conc			(Carlon)
THO CHI	BJECT: MEDI CONCIERGE LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. THO CHI LE		
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

MED I CONCIERGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/23}{20/9}$ Florida document number L 19000 305 333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: THO CHI LE

8350 NW 14th CT

Enter Florida street address

MIAMI Florida 33/47

City Zin Code Name of New Registered Agent: New Registered Office Address:

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>		Address		Type of Action
AMBR	MATTH	IEW J. SAFFER	2 147	E OAKLAND PARK	□Add
			BLVD	STE 422	Remove
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					□Remove
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AMBR	ALFONSO I	D. BONILLA	8350	NW 14th CT	XAdd
			MIAM	i , FL 33147	□Remove
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). If amend	ling any other is	nformation, ent	er chang	e(s) here: (Attach ad	lditional .	sheets, if n	ecessary.))		
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(If an effecti Note: If t	date, if other the date is listed, the he date inserted in its effective date of	date must be specif i this block does	ic and canno not meet t	he applicable	ate of filing	or more th	an 90 days a	otional) fter filing.) I this date w	Pursuant to ill not be	605.0207 (3 listed as th)(b) e
the record sport is filed.	oecifies a delayed	effective date, bu	t not an ef	fective time,	at 12:01 a	i.m. on the	e earlier of:	(b) The	90th day i	ifter the	
Dated	08/21/										
		Signa(ure	of a memb	er or authorize	d represent	ative of a r	nember				
	THO C			d or printed na						-	

Filing Fee: \$25.00