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Office Use Only

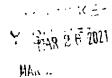


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COVER LETTER

	istration Se ision of Cor		, ,	
SUBJECT:	Escor	med LLC		
305012011		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jaime Reyes		
			Name of Person	
		CBA Miami LLC		
			Name of Person if LLC Firm/Company de Leon Blvd - Suite 901 Address FL 33134 City/State and Zip Code cbamiamius.com address: (to be used for future annual report notification) please call: at (786) 728 5603 Area Code Daytime Telephone Number	
		1600 Ponce de Leoi	n Blvd - Suite 901	
			Address	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Composition Corporations Corpora
		Coral Gables, FL 331	34	
			City/State and Zip Code	
		jaime.reyes@cbamia		fication)
For further in	nformation c	oncerning this matter, please co	all:	
Jaime Re	yes		at (786) 728 5603	,
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
☑ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres			
	gistration S zision of C	Section orporations	_	
	D. Box 632			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Escomed LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	03/04/2020	and assigned
Florida document number L20000071377			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
		<u></u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			*** *
		<u>.</u> •	. ひ/ . . (パ)
B. If amending the registered agent and/or registered offi	ce address on our r	ecords, <u>enter the nam</u>	e of the new regis
agent and/or the new registered office address here:		<u></u>	g ha-1
			55 5
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida	
	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 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
			□Add
			□Remove
			□Change
			□Remove
			☐Change
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			□Remove
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AN	MENDMENT ART III THE ELECTRONIC ARTICLES OF ORGANIZATIONAL
Ela	aboration, import, commercialization, export of natural produts, dietary supplements,
co	smetic and beauty products, homeopathic products
ffecti If t	date, if other than the date of filing:
rd sp iled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ı <u>(</u>	Signature of a member of authorized representative of a member

Typed or printed name of signee