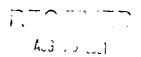
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COVER LETTER

TO:

SURJECT:	Agn	; Medical	LLC		
<u></u>		Name of Lim	ited Liability Company		
SUBJECT: Agn; Medical LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Elena Vishnyatova Name of Person Address Address Address Address Address Address Address Lackson v; lle FL 322 16 City/State and Zip Code **Paral address: (to be used for future annual report notification) For further information concerning this matter, please call: Elena Vishnyakova Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25,00 Filing Fee S25,00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate of Status & Certificat Copy (cathibitean copy is enclosed)					
Please return all c	corresponde	ice concerning this matter	to the following:		
		Elena VI	Shnyatova		
	-		Name of Person		
		Agni M	d fee(s) are submitted for filing. hing this matter to the following: Lena Vishnyatova Name of Person		
		V	Firm Company		
		4110 Cros	unwood Dr	7	
	-		Address	•	
		-lackson vil	le F/ 32.	7 16	
	-		City/State and Zip Code	:	
			_		
	_	E-mail address: ()	to be used for future annua	l report notification	<u>, </u>
For further inform	nation conce	erning this matter, please ca	all:		
Elena l	ishnya	kova	at (904)	351 84	78
	Name of Per	son	Area Code	Daytime Telepl	none Number
Enclosed is a chec	ck for the fo	Howing amount:			
□ \$25.00 Filing	g Fee – I.		Certified Copy		Certificate of Status & Certified Copy
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	ox 6327			entre of Tallaha	
Tallaha	issee, FL I	32314	2415 8	N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Agni Medical LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LLCOOOC71772</u> .	any were filed on <u>Vet. 23, 2021</u> and assigned
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 I.	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4110 Crownwood Dr
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4110 Crown wood Dr Nacksonville, FL 32216
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent: Ele	ena Vishnyakova =
New Registered Office Address: 447	O Crown wood Dr 50 Emer Florida street address
	Cuy Florida 522 16
New Registered Agent's Signature, if changing Registered Ag	ent:

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
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			Change
			□ Add
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D.	If amending any other information,	enter change(s) here:	(Attach additional sheets,	if necessary.)

Reduces mailing address and the registered agent address hame is slaying the same: Elena Vishnyakara), awthorized person address: 1110 Crownwood Drlactsonville Ft 32216 The Little auth name are not changing: Elena Vishnyakava, AMBR. Fective date, if other than the date of filing: In 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 60 one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the date inserted in the behavior of a member of address a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.		Please CI	range the	HGNI,	Medical	L1C	Principa	i/
Address / name is staying the same: Elena. Vishnyakava authorized person address: IHC Craunwood Drlacksonville FL 32216 The little authorized name are not changing: Elena Vishnyakova AABR. Elena Vishnyakova AABR. Getive date, if other than the date of filing:		Address , m	ailing add	tress, and	the r	eviste.	red age	ent-
The Little and name are not changing: Elena Vishnyakova, AMBR. Elena Vishnyakova, AMBR. Grant		address /	nueme is s	laying	the sa,	në: Ei	lena	
The Little and name are not changing: Elena Vishnyakova AMBR. Elena Vishnyakova AMBR. (optional) n effective date, if other than the date of filing: n 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 60 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be lis cument's effective date on the Department of State's records.		Vishnyaka	ia), avithe	orized f	berson a	iddress	`.	
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Signature of a member or authorized representative of a member	ted	Oct. 23	2021					
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			Signature of a mea	mber or authorized	representative of	a nichiber		
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