L20000071772

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JAN 1 1 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AGNI 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:

Joseph BK Kim
Name of Person

AGNI Medical LLC
Firm/Company

4110 Crownwood Drive
Address

Jacksonville, FL 32216
City/State and Zip Code

nanoreactor2018@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph BK Kim at (904) 3518478
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 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)

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

FILED
2021 DEC 27 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FL

AGNI Medical 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 December 20, 2021 and assigned Florida document number L20000071772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AGNI Medical LLC
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)

4110 Crownwood Drive
Jacksonville, FL 32216

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4110 Crownwood Drive
Jacksonville, FL 32216

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:

Name of New Registered Agent: Joseph BK Kim

New Registered Office Address: 4110 Crownwood Drive
Enter Florida street address

Jacksonville, **Florida** 32216
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 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

Title	Name	Address	Type of Action
CEO/AMBR	Elena Vishnyakova	4110 Crownwood Drive Jacksonville, FL 32216	☐ Add
			■ Remove
			☐ Change
CEO/AMBR	Joseph BK Kim	4110 Crownwood Drive Jacksonville, FL 32216	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Elena Vishnyakova is no longer in charge of AGNI Medical LLC. Please change CEO/AMBR/Registered agent name from **Elena Vishnyakova** to **Joseph BK Kim**.

All future correspondence should be addressed to Joseph BK Kim (CEO/AMBR/Registered Agent), AGNI Medical LLC, located at 4110 Crownwood Drive Jacksonville, FL 32216

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____.

_____

Signature of a member or authorized representative of a member

Elena Vishnyakova

Typed or printed name of signee

Filing Fee: $25.00