## 120 0000 95137

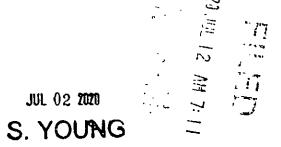
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

ITO MEDIC	CAL LLC			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>	
	Amendment and fee(s) are sub			
Please return all correspo	indence concerning this matter	to the following:		
	OLIVER GARCIA		_	
		Name of Person	· <del>···</del>	
	ITO MEDICAL LLC			
		Firm/Соптралу		
	79 SW 12TH STREET AP	T 1511		
		Address	<del></del>	
	MIAMI FL 33130			
	City/State and Zip Code			
	IVAN.ROA.P@GMAIL.CO E-mail address: (	OM to be used for future annual report notification	on)	
For further information of	concerning this matter, please ca	all:		
OLIVER GARCIA		786 6348780		
Name o	f Person		ephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Section	n	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITO 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 04/02/2020	and assigned
Florida document number L20000095137	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
<u></u>		
The new name must be distinguishable and contain the words "Lie	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ad office address on our recards enter t	he name of the new regis
agent and/or the new registered office address here:		ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	Cirv	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
MGR	IVAN ROA	60 SW 13TH ST STE 3622	□Add
			Remove
			□Remove
			Change
			□ Add
		<del> </del>	□Remove
			Change
		Add	
			□Remove
<u>.</u>			Add
		•	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	tive date, if other than the date of filing:
	ord 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 filed.
Dated	Hair
	Signature of a member or authorized representative of a member
	OLIVER GARCIA MANAGER

Filing Fee: \$25.00