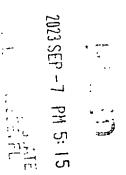
120000108129

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	t Number)
Certified Copies	Certificates of Status
··· <u></u> .	
Special Instructions to Filing (Officer.



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Office Use Only

C/ 9/21/2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

÷.	

MED2200 LLC		2023 SEP -7 PH 5: 15
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)	Talah Sarah
The Articles of Organization for this Limited Liability Company	were filed on $4/20/26$	and assigned
Florida document number <u>L20000108129</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	167 No 188rd for	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	miami gardens floor	da 33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florid	aZip Code
	Cuy	гір Соае

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
other	leuis, gabe	100 chapin plaza	
		mianii Florida 33131	BRemove
			□Change
AMBE Cayetano Zuniga	8950 NE 34 ave \$ 506	🗹 Add	
		minui Horida 33138	□Remove
		·	□Change
AMER	AMBR Decenzo Whitehead	4440 NW 203 rd tes	ØAdd
		miani gardens Florida	🗀 Remove
		33055	□Change
			CiAdd
			□Remove
			□Change
		- · ·	
			□Remove
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			Remove
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Note: If	date, if other than the date of filing:
ord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	August 30, 2023.
	SQNA
	Signature of a member or authorized representative of a member