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(Requestor's Name)

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FILED

2021 FEB 25 AM 7:04

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR -7 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Faithful Friends Medical Solutions, 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:

Teruko Dewitt
Name of Person
Pro 9 Medical Solutions, LLC
Firm/Company
1105 St. Johns Ave. Ste. 352
Address
Palatka, FL 32177
City/State and Zip Code
terukodewitt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teruko Dewitt at (386) 312-7769
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

Faithful Friends Medical Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2021 FEB 25 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on April 29, 2020 and assigned
Florida document number L20000116755

This amendment is submitted to amend the following:

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

Pho 9 Medical Solutions, 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)

1105 St. Johns Ave.
Ste. 352
Palatka, FL 32177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1105 St. Johns Ave.
Ste. 352
Palatka, FL 32177

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:

New Registered Office Address:

1105 St. Johns Ave Ste 352
Enter Florida street address
Palatka Florida 32177
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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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.

Dated February 22 . 2022

Signature of a member or authorized representative of a member

TERWKO L. Dewitt
Typed or printed name of signer