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Special Instructions to I	Filing Officer:	-
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C. GOLDEN SEP 21 2020

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if I	(OFFICE USE ONLY) known):
1. Oxygen 3 Group LLC	
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy of:	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC	X AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement Trademark
APOSTIL	Other
COUNTRY	

EXAMINER'S INITIALS:____

COVER LETTER

Registration Section
Division of Corporations

TO:

roup LLC		
Name of Lim	ited Liability Company	<u> </u>
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Jonathan Culley		
	Name of Person	
Goldar Medical LLC		
	Firm/Company	
777 Brickell Ave Suite 500)	
	Address	
Miami, FL 33131		
	City/State and Zip Code	
je@goldarmedical.com		
E-mail address: (to be used for future annual report noti	fication)
ncerning this matter, please ca	all:	
	786 322-9729	
Person	Area Code Daytim	e Telephone Number
e following amount:		
□ \$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)
<u>:</u> ection	Street Address: Registration Se	ction
orporations	Division of Cor	-
		allahassee e Street, Suite 810
	Amendment and fee(s) are subsidence concerning this matter Jonathan Culley Goldar Medical LLC 777 Brickell Ave Suite 500 Miami, FL 33131 jc@goldarmedical.com E-mail address: (meerning this matter, please concerning this matter) e following amount: \$30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Jonathan Culley Name of Person Goldar Medical LLC Finn/Company 777 Brickelf Ave Suite 500 Address Miami, FL 33131 City/State and Zip Code je@goldarmedical.com E-mail address: (to be used for future annual report not oncerning this matter, please call: Person at (

Tallahassee, FL 32303



1 0 SEP 18 13 44 .7

September 11, 2020

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: OXYGEN 3 GROUP LLC

Ref. Number: L20000200282

We have received your document for OXYGEN 3 GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00017294

Diane Cushing
Senior Section Administrator

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drygen 3 G	roup	LLC		2005 19 FH 3: 33
(Dame of the Limited I	Jability Con Torida Lunit	npany as it now appe ed Liability Company	<mark>ars on our records.</mark>))
The Articles of Organization for this Limited Liabi	lity Compa	my were filed on [07/13/2020	and assigned
Florida document number 1.20000200282				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited li	iability company	<u>here</u> :	
The new name must be distinguishable and contain the words	s "Limited Li	ability Company," the	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		.	
B. If amending the registered agent and/or registered agent and/or the new registered office address have		ce address on our	records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	-			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
		Enter F	lorida street address	
_		 	, Flor	ida
		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 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>	Name	<u>Address</u>	Type of Action
MGR	ECOVIOX LLC	1994 NE 147TH TER, NORTH MIAMI, FL 33181	🖹 Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ick does not meet the	applicable stat	filing or more than 90 atory filing requiren	(optional) days after filing) Pu ments, this date wil	irsuant to 605.0207 I not be listed as
e record specifies a delayed effective d is filed.	date, but not an effe	ective time, at 1.	2:01 a.m. on the earl	iter of: (b) The 9	Oth day after the
August 6th Dated	2020)			
		MAM			
		#/ N//// //			
	Signature of member	of authorized rep	resentative of a memb	er	