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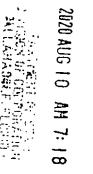
(Requestor's Name)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations					
SUBJECT:	Oxygen 3 C	Group LLC					
SOBJECT:	 		ited Liability Company	· • • • · ·			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	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					
	Miami, FL 33131 City/State and Zip Code						
		jc@goldarmedical.com					
		E-mail address: (to be used for future annual report not	ification)			
For further in	iformation c	oncerning this matter, please ca	all:				
Jonathan Cul	lley		786 322-9729				
Name of Person		at () Area Code Daytin	ne Telephone Number				
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Address:	action			
	gistration S	Section Corporations	Registration So Division of Co				
). Box 632	-	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City

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

<u>Title</u>	<u>Name</u>	<u>Add ress</u>	Type of Action
MGR	ECOVIOX LLC	1994 NE 147TH TER, NORTH MIAMI, FL 33181	= Add
		<u></u>	□ Remove
			□Change
			🗆 Add
		. <u></u>	□Remove
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Tective date, if other than the	date of filing:		(optio	nal)
an effective date is listed, the date mu	st be specific and cannot be p	prior to date of filing or n	nore than 90 days after f	iling.) Pursuant to 605.0207
ote: If the date inserted in this bocument's effective date on the D	lock does not meet the ap Department of State's reco	plicable statutory filtr ords.	ng requirements, this	date will not be listed as
	ı			
record specifies a delayed effective	ve date, but not an effectiv	ve time at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is filed.	re date, but not an effective	time, at 12.01 a.m.	on the carrier or. (b)	The your day after the
August 6th	2020			
	MM// ·	 ·		
	Signature of a member or a	authorized representative	e of a member	