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## 4300 BAYOU BOULEVARD, SUITE 14 PENSACOLA, FLORIDA 32503

POST OFFICE BOX 12651 PENSACOLA, FLORIDA 32591-2651 PH (850) 429-2027 FAX (850) 429-7465

DARRYL STEVE TRAYLOR, JR. steve@borowski-traylor.com

T.A. BOROWSKI, JR. ted@borowski-traylor.com

April 23, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: SEVILLE POWER EQUIPMENT EAST HILL, LLC

To Whom It May Concern:

The enclosed Articles of Amendment are submitted for filing to change the name of Seville Power Equipment East Hill, LLC to MED VIII, LLC. We also enclose our firm's check in the amount \$25.00 for the filing fee.

Please return all correspondence concerning this matter to P.O. Box 12651, Pensacola, Florida 32591-2651.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

T. A. Borowski, Jr.

TAB/tls Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEVILLE POWER EQUIPMENT EAST HILL		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	mpany were filed on	and assigned
Florida document number L20000222114	<i>:</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
MED VIII, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	(2.2	24
		PR
		30 日
Enter new mailing address, if applicable:		HO 2 13
(Mailing address MAY BE A POST OFFICE BOX)		三0. 5
		DRING DATE
		I.e.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new registere
agent analytime new registered office 4ddress nege,		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
Registered Office Address.	Enter Florida street address	
	, Floric	ia
•	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Change

E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3);  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.  If the record 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 record is filed.  Dated Mark 3D 2024		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (Optional)  (If an effective date is bised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3);  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.	'	· · · · · · · · · · · · · · · · · · ·
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Dated Month 20 . 2024		
	Dated _	Mann 30. 2024
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
Adam Medley, Manager  Typed or printed name of signee		

Filing Fee: \$25.00