LZO 000302858

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COVER LETTER

TO: Registration Se Division of Cor		,s	
, GLO	OMEDIX LLC		ميه
SUBJECT:	Name of Lim	ited Liability Company	——————————————————————————————————————
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ulises	Anderson	253611617-2
		Name of Person	
	SOLID AG	CCOUNTING LLC	
		Firm/Company	Pi
	240 N BIS	SCAYNE RIVER DR	PH 2: 09
•	 	Address	 ;,
	Miami.	FL 33169	
		City/State and Zip Code	
		on@yoursolidaccounti	
Car Cartania Carragian		to be used for future annual report no	titication)
For further information C	concerning this matter, please c	un.	
Ulises Ande	rson	at (786_)309-3	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S≥5.00 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 Addres Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOMEDIX I			
(Name of the Limited I. (A F	iability Company as it now apper lorida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on _	09/25/2020	and assigned
Florida document numberL20000302858	<u></u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the a	
Enter new principal offices address, if applicable	e:		<u></u>
(Principal office address MUST BE A STREET A	DDRESS)		1.
			
	-	•	
- "			0:5
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO.</u>	<u></u>	··	
B. If amending the registered agent and/or registagent and/or the new registered office address h		records, <u>enter the пал</u>	ne of the new register
Name of New Registered Agent:			 _
New Registered Office Address:	·		
	Enter Flo	orida street address	
_		, Florida	
_	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>	<u>Name</u>	Address	Type of Action
MGR	GOLDSTEIN, MENACHEM	300 SEVILLA AVENUE, SUITE 205	🗆 Add
		CORAL GABLES, FL 33134	□Remove
			\Change
MGR	BISTER, ARIEL	300 SEVILLA AVENUE, SUITE 205	□Add
		CORAL GABLES, FL 33134	Remove
			Change
			N □ Add
			□Remove
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ited October 15,		
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Signature of a mambar or withorized representative of a member	Man ch for	ldel-
Signature of a member of audionized representative of a member	Signature of a member or authorized repre	sentative of a member
	MENACHEM GOLDST	

Filing Fee: \$25.00