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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: <u>(2051</u>	COOS) Mudica Name of Lin	CL Trompiny Solution Solution (Company)	rions LCC
The enclosed Articles of	Amendment and fee(s) are sub	united for filing	
Please return all correspo	indence concerning this matter	to the following:	
	Tammi	CimrU J Name of Person	
	_ <u>Swyer Stat</u>	Medical Training	ng Solutions
	4620 LIPSC	Comb St. NE & Su.	ite 3C
		4: FL 39905 City State and Zip Code	
	†O.COCOCH (E-mail address. (L SUPERSTAT M 15. to be used for future annual report north	(CCYY)
For further information c	concerning this matter, please c	all:	
Tammi I	CETITOUS of Person	at 1 <u>3 3 1</u> 1 <u>8 31 - 9</u> Area Code Daytime	278 Telephone Number
finclosed is a check for t	he following amount:		,
□ 825 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Z \$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

<u>East about medic</u>	
(<u>Name of the Limited Liability Com</u> (A Fforda Limite	pany as it now appears #n our records.) d Eabhlity Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000033-855</u>].	ny were filed on <u>ID/AG/AW</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia Super Stat Medical Training The new name must be distinguishable and contain the words "Limited Lia	Solutions, LLC :- =
The new name must be distinguishable and contain the words "Limited Lia	Bility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 3C Palm Bay, FC 32905 No
Enter new mailing address, if applicable:	>.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 4690	Enter Florida street address Buy Florida Florida Florida Florida
Palm	Bay Florida 39905
Non-Danisana Amaré. Cianatan it danada Danisana Amar	

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>	Name	Address	Type of Action
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