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	Registration Sec Division of Corp						
SUBJEC	imedici. L	LC	e e e e e e e e e e e e e e e e e e e	·			
SOBJEC	· · ·	Name of Limi	ted Liability Company				
The encle	osed Articles of A	Amendment and fee(s) are sub-	nitted for filing.				
Please re	turn all correspor	ndence concerning this matter	to the following:				
		BERENICE IPIA-FELICIA	ANO				
			Name of Person				
		PRATS FERNANDEZ & G	CO				
							
	PRATS FERNANDEZ & CO Firm/Company 999 PONCE DE LEON BLVD. STE. 1110 PH Address CORAL GABLES. FL 33134 City/State and Zip Code						
		Address					
		CORAL GABLES, FL 331					
			City/State and Zip Code				
		admin@pratsfernandez.com					
		E-mail address: (to be used for future annual report notific	ation)			
For furth	er information co	oncerning this matter, please ca	all:				
BEREN	ICE IPIA-FELIC	IANO	305 444 8333				
Name of Person		Person		Telephone Number			
Enclosed	l is a check for th	e following amount:					
□ \$2 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 Address Registration S		<u>Street Address:</u> Registration Sect	ion			

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

IMEDICI, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp		and assi	gned
Florida document number L20000368220			
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 L	iability Company," the designation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	0)		
			೭
]21	<u>.</u> .
Enter new mailing address, if applicable:		FEB_	
Mailing address MAY BE A POST OFFICE BOX)		22	TSION OF C
		<u> </u>	18 E
		:5	\$*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, enter the na		register
Name of New Registered Agent:			
New Registered Office Address:			. <u>.</u>
	Enter Florida street address		
	, Florida _		
	City	Zin 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ARIZA, MARIA C.	P.O. BOX 140970	\exists Add
		CORAL GABLES, FL 33114	□Remove
			□Change
			□Add
			□Remove
			□Change
		···	□Add
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	olicable statutory f	(or more than 90 days a liling requirements,	ptional) after filing.) Pursuant t this date will not b	o 605.0207 (e listed as t
record specifies a delayed effective of is filed.	late, but not an effectiv	e time, at 12:01 a.	m. on the earlier of	(b) The 90th day	after the
Dated FEBRUARY 17	2020	<u></u> •			
	Sanky	o Boten	JII-		
	ignature of a member or a			_	

4 5 4 A . . .

Filing Fee: \$25.00