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COVER LETTER

10:	Registration S Division of Co			
CHO IE	AeroMD l			
SOBJEX	· · · · · · · · · · · · · · · · · · ·	Sadic o a (ed Frahildy Company	
The encl	losed Articles o	f Amendment and feets) are subm	nitted for filing.	
Please re	eturn all corresp	ondence concerning this matter to	o the following:	
		Brianna Roth		
			Name of Person	
		Litwin Kach LLP		
			Firm Company	····
		401 N Michigan Ave. Suite	1200	
			Address	·
		Chicago, 11, 60611		
			City State and Zip Code	
		brianna u litwinkach com	the asset for ruture annual report note	īca'ion
For furth	ner information	concerning this matter, please cal		·
Lean Fi		•	312 219-4572	
	Name	of Person	at ()Duytina	Clephone Number
Enclosed	Lis a check for t	the following amount:		
\$25.	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is caclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration Sec	etian

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

AeroMD LLC		
(<u>Name of the Limited Liabit</u> (A Florid	lity Company as it now appears on our records.) In Limited Liability Company)	·
The Articles of Organization for this Limited Liability C	Company were filed on February 1, 2021	and assigned
forida document number <u>L21000031207</u>		•
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
AeroMD US LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "D.L.C."
nter new principal offices address, if applicable:		<u>.</u>
Principal office address MUST BE A STREET ADD	RESS)	7.)
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere		me of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. C. VON. 11		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zıp Code
	C(t)	Ziji Cođe

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

Title	Name	Address	Type of Action
MGR	Hold AMD LEC	6i 15 Estate Smith Bay, Unit 7	■Add
		St Thomas, VI 00802	
			TChange
AMBR	Brendan Anzalone	13550 NW 47th Avenue, Suite 218	
		Opa Locka, FL 33054	□Remove
			TChange
MGR	AAC Air Ambuance Caribbean Inc	8204 Lindberg Bay, Suite 4	ZAdd
		St Thomas, VI 60802	■Remove
			Change
			∏Add
			□Remove
	 		ZAdd
			□Remove
			□Change
		-	
			□Remove
			- Change

D. H amending any other inform	nation, enter change(s) never Littach additional shecis, if necessary.)	
		
		
		
<u> </u>		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
		
 (If an offective date is listed, the date in 	the date of filing:	
f the record specifies a delayed effect ecord is filed	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
Dated January I	2025	
Dated January 1	Signature of a member or authorized representative of a member	
Brad Wilson, Manage	Typed or printed name of signee	
	and an inclusion amount in page	

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AeroMD LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability		and assigned
lorida document number L21000031207		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
AeroMD US LLC		
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	(RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere egent and/or the new registered office address here: 		me of the new regist
Name of New Registered Agent:		-1-1
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Ziv 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	Hold AMD LLC	6115 Estate Smith Boy, Unit 7	——— ≅ Add
		St Thomas, VI 00802	□Remove
AMBR	Brendan Anzalone	13550 NW 47th Avenue, Suite 218	≅ Add
		Opa Locka, FL 33054	□Remove
		-	□Change
MGR AACA	AAC Air Ambuance Caribbean Inc	8204 Lindberg Bay, Suite 4	
		St Thomas, V1 00802	≅ Remove
			□Change
			□Remove
			[] Change
			□Add
		44	□Remove
			□Change
		**************************************	①Add
			□ Change

BN: Cal	Signature of a men	ber or authorized	representative of a	member		
Dated January 1 Roll Published		2025				
ne record specifies a delayed effection of is filed.			n 12:01 a.m. on th	e earlier of: (b)	The 90th day after	the
Effective date, if other than the (It an effective date is fisted, the date in Note: If the date inserted in this b document's effective date on the I	lock does not mee	t the applicable.	te of tiling or more the statutory filing rec	(option: nan 90 days after fili juirements, this da	al) ng.) Pursuant to 605, tte will not be liste	.0207 (3) ed as the

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Filing Fee: \$25.00