## 121000057586

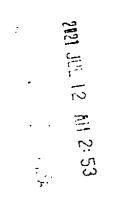
(Re	questor's Name)	<u> </u>
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Special Instructions to	——————————————————————————————————————	

Office Use Only



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## **COVER LETTER**

Add manag	ger to Medhouse LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Radich		
	Medhouse LLC	Name of Person	<del></del>
	636 Fern Street	Firm/Company	<del></del>
	West Palm Beach, FL 3340	Address	<del></del>
	joseph@r3health.co	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information of Siri Field	concerning this matter, please c	all: 561 331-2983	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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	Section	Street Address: Registration Se	

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

TO:

Registration Section **Division of Corporations** 

> Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mediouse LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on   L21000057586  Florida document number	2/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	<b>:</b>
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>
Enter new mailing address, if applicable:	25
(Mailing address MAY BE A POST OFFICE BOX)	
D. If any adjust the angiety of any to adjust a distance of the second s	(0
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	:2-
	2: 5
Name of New Registered Agent:	53
New Registered Office Address:	
Enter Floride	a street address
	, Florida
	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 cap provisions of all statutes relative to the proper and complete performance of m accept the obligations of my position as registered agent as provided for in Ch	y duties, and I am familiar with and

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>	<u>Name</u>	Address	Type of Action
MGR	Joseph Radich	636 FERN STREET	
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		West Palm Beach, FL 33401	Remove
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cord specifies a delayed effec	ctive date, but not an effecti	ve time, at 12:01	a.m. on the earlier of	: (b) The 90th da	y after
s filed.					
July 7	2021				
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	C: -:		7.		
	Siri Field Signature of a member or	$\Delta M \lambda$	) Tuck	<u>بر</u>	
-	Signature of a member or	authorized represer	itative of a member		

Filing Fee: \$25.00