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(Re	equestor's Name)	
(Ac	ldress)	
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(Cı	ty/State/Zip/Phon	e #)
☐ PICK-UP	MAIT	MA1L
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

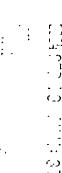
Office Use Only



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## **COVER LETTER**

	ation Section a of Corporat	ons			
	ermed LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	icles of Amen	dment and fee(s) are sub	mitted for filing.		
Please return all	correspondenc	e concerning this matter	to the following:		
	М	ichael Hutchison			
	<del></del>		Name of Person		
	In	ermed LLC			
	_		Firm/Company	<del></del>	
	48	55 W Hltsboro Blvd Sui	ite b2		
			Address		
	Co	conut Creek FI 33073			
	— Mh	utchison@clscfl.com	City/State and Zip Code	··	
		-	to be used for future annual report	notification)	
For further inform	nation concern	ing this matter, please c	all:		
Michael Hutchise	on		954 7754829		
	Name of Person	1	Area Code Da	ytime Telephone Number	
Enclosed is a che	ck for the follo	wing amount:			
<b>≡</b> \$25.00 Filing	g Fee 🗀 S	330.00 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)	
Registr Divisio P.O. Bo	Address: ation Section on of Corpor ox 6327 assee, FL 32	ations	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intermed LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ability Company were filed on September 3, 2024	and assigned
orida document number 1.21000076399	·	
is amendment is submitted to amend the follo	wing:	
If amending name, enter the new name of	the limited liability company here:	
e new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
iter new principal offices address, if applica	ble:	
rincipal office address MUST BE A STREET	TADDRESS)	
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE I	<u> </u>	
. If amending the registered agent and/or regent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> s <u>here</u> :	me of the new registe
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cin	Zio 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	Jean Claude Hutchison	4855 W Hillsboro BLVD Suite B2	
		Coconut Creek Fl 33073	□ Remove
			☐ Change
			□Add
			□Remove
		<del></del>	🗆 Change
			□Add
			□Remove
			□Change
			□ Add
		-	□Remove
			□Change
			□Add
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ective date, if other than the date of effective date is listed, the date must be spe-	of filing:	1 . 0.51	(optional)	
ee: If the date inserted in this block do	es not meet the applicat	de statutory filing requ	irements, this date will n	ot b <b>e</b> ;ljisted a
ument's effective date on the Departm	nent of State's records.			
cord specifies a delayed effective date, s filed.	but not an effective tim	e, at 12:01 a.m. on the	earlier of; (b) The 90th	day after th
September 3	2024	<u>.</u> .		
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Sunat	ure of a member or authori	zed representative of a m	ember	
configuration (configuration)	and or a meaniner or addition	. c., representative or a m		