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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Li	MANCE ASSUCION mited Liability Company	ttes UC
The enclosed Articles	s of Amendment and fec(s) are su	abmitted for filing.	
	espondence concerning this matte		
		o in tollowing.	
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		Name of Person	·
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	2472 Clic	AV E Address	
	racat ka,	FL. 32177 City/State and Zip Code	
		City/state and Zip Code	
	E-mail address:	(to be used for future annual report no	tification)
For further informatio	n concerning this matter, please o	call:	
DE AGNALA	and valu	lus vier	
Nam	e of Person	at (<u>YVY</u>) <u>YGU-</u> Arca Code Daytir	% 550 nc Telephone Number
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Enclosed is a check for	r the following amount:		
	☐ \$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 Adda Registration Division of P.O. Box 63	i Section Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations
Tallahassee	, FL 32314		e Street Suite 910

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICANE FUSHBANCE ASSOCIATES (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-4-21 and assigned Florida document number L21000 104932 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 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_, Florida ___

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
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