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TALLAHASSEE, FL

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Medfixit L. SUBJECT:	LC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Hutchins		
		Name of Person	
	Medfixit LLC		
		Firm/Company	
	20285 Hwy 27 lot 121		
		Address	
	Clermont, Fl. 34715		
		City/State and Zip Code	
	Paulhutchinsfl@aol.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Paul Hutchins		407 506-9000	
Name o	f Person	at () Area Code Daytime	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Medfixit LLC				
(Name of the Limited Liability Compa (A Florida Limited)	nv as it now appears on our records. iability Company)	)	-	
he Articles of Organization for this Limited Liability Company	were filed on Marck 10, 2021	-	an	d assigned
lorida document number L21000114120				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
Pro Medical Devices LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the ab	breviatio	on "L.L.C."
Enter new principal offices address, if applicable:				<del></del>
Principal office address MUST BE A STREET ADDRESS)		<i>U</i> :	_23	
<del></del>	<u></u>	<u> </u>	24	
		> :-	Η¥	1 [
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inter new mailing address, if applicable:		<u> </u>		111
Mailing address MAY BE A POST OFFICE BOX)		111-11	<u></u>	0
		<u> </u>	- <del></del> -	
		Luj	ယ	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter t</u>	<u>he nam</u>	e of th	e new regist
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City Floi	nda	Zip (	 Code
	er state			

## 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>	<u>Name</u>	Address	Type of Action
			□ Adđ
			□Remove
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			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.		<del></del>
If effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date is filed.  [Policy of the date of the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  [Policy of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  [Policy of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.		
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Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00