## L21000217642

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PICK-UP WAIT MAIL
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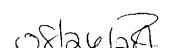
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## **COVER LETTER**

Division of Corp	oorations		
SUBJECT:	CAN MED	) LLC	
	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter (	to the following:	
	John	Andreadalis Name of Person	
		Firm/Company	
	5944 Co	ral Ridge Dr. #2	(1
	Coral Sprin	95 FL 33076 City/State and Zip Code	
	and read a k E-mail address: (1	is 6 9 mail. Com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
John And	readakis Person	at (954) 798- Area Code Daytime	7944 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	<b>x</b> :

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

TO:

**Registration Section** 

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

CAN MED LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.</u> ) ny)
	,
The Articles of Organization for this Limited Liability Company were filed on	$\frac{U > 10 / 2021}{\text{and assigned}}$
Florida document number L21000217642	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	-T-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	<del></del> -
B. If amending the registered agent and/or registered office address on ou	ur records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida Zip Code
City	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 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
AMBR	Peter Mentzelos	5000 Place Curie	□Add
		Laval, QC H7W 2C3, CA	Remove
			□Change
AMBR	Bill Andreadakis	5944 Coral Ridge Dr.	🇹 Add
		#211, Coral Springs, FL 33076	□Remove
			□Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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-	
	A. : S. other than the date of Climan
n effecti te:   If	te, if other than the date of filing:
cord s	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	tugust 11 2021.
	John Andreadakis Signature of a member or authorized representative of a member
	John Andreadakis Typed or printed name of signee