

L21 000238407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

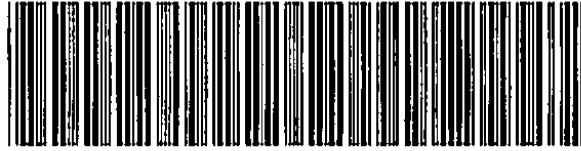
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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11/08/22--01012--002 **25.00

FILED
2022 NOV -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations

TRY MEDIK LLC
Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

CARLOS IRIAS

Name of Person

TRY MEDIK LLC

Firm/Company

18505 SW 104th Avenue Unit #24

Address

Miami, FL 33157

City/State and Zip Code

cirias22@outlook.com

E-mail address: (to be used for future annual report notification)

Information concerning this matter, please call:

IRIAS at (504) 906-0658
Name of Person Area Code Daytime Telephone Number

Check for the following amount:

- 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
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

TO
ARTICLES OF ORGANIZATION
OF

TRY MEDIK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/21/2021 and assigned document number L21000238407.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

What principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

What mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

When changing 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:

CARLOS IRIAS

New Registered Office Address:

18505 SW 104th Avenue Unit #24

Enter Florida street address

Miami

Florida

33157

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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

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SECRETARY OF STATE
TALLAHASSEE, FL

ed from our records:

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CARLOS IRIAS	18505 SW 104th Avenue Unit #24	<input type="checkbox"/> Add
	Miami, FL 33157	<input type="checkbox"/> Remove
		<input checked="" type="checkbox"/> Change
DULCE LOPEZ	18505 SW 104th Avenue Unit #24	<input type="checkbox"/> Add
	Miami, FL 33157	<input type="checkbox"/> Remove
		<input checked="" type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 11/01/2022 (optional)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the agent's effective date on the Department of State's records.

If 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

NOVEMBER 01

2022

Signature of a member or authorized representative of a member

Carlos David Iriás

Typed or printed name of signee