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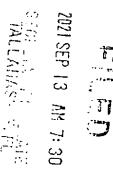
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## **COVER LETTER**

TO: Registration S Division of Co		and the second s
	EDICAL LLC	,
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
ţ.l	Jason E. Rosen	
		Name of Person
	JER Law Firm, P.A.	
		Firm/Company
	3620 Pelham Road, PMB	#117
		Address
	Greenville, SC 29615	
		City/State and Zip Code
	JRosen@jerlawfirm.com	
		to be used for future annual report notification)
For further information	concerning this matter, please co	all:
Jason Rosen, Esq.		864 469-6835
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	7 13 P
\$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
_ <b>01</b> 000 1g 1 cc	Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:
Registration Division of (		Registration Section Division of Corporations
P.O. Box 63		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAYS MEDICAL LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our r Liability Company)	ecoras.)
The Articles of Organization for this Limited Liability Company Florida document number L21000365585	were filed on August 16, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 2
(Principal office address MUST BE A STREET ADDRESS)		17AL
		SEP 13
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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
<u>v</u>	Carmen Rosa Alvarez	I ALHAMBRA PLAZA	■Add
		PH FLOOR	□Remove
		MIAMI, FL 33134	□Change
			□Add
			□ Remove
			□Change
	<del></del>		DAdd
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior c does not meet the applic	able statutory filing re-	(optional han 90 days after filin quirements, this dat	g.) Pursuant	to 605.02 se listed	207 ( as t
e record specifies a delayed effective d rd is filed.	ate, but not an effective t	ime, at 12:01 a.m. on th	he earlier of: (b) 1	Γhe 90th day	y after tl	he
	2021					
Dated September 9	·	··				
Dated September 9	- <u>-                                  </u>	·				

Filing Fee: \$25.00