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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SAND & S	EA MEDICAL CONCIERGE	SERVICES, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vivian Olsen		
		Name of Person	
Name of Person Bibiana's Medical Concierge and IV lounge Firm/Company 5240 COMPASS POINTE CIRCLE Address VERO BEACH, FL 32966 City/State and Zip Code E-mail address: (to be used for future annual report notifice) For further information concerning this matter, please call: Vivian Olsen Area Code Daytime Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc			
	Name of Limited Liability Company aclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Vivian Olsen Name of Person Bibiana's Medical Concierge and IV lounge Firm/Company 5240 COMPASS POINTE CIRCLE Address VERO BEACH, FL 32966 City/State and Zip Code E-mail address: (to be used for future annual report notitication) rither information concerning this matter, please call: a Olsen Name of Person Name of Person Name of Person Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Vivian Olsen Name of Person Bibiana's Medical Concierge and IV lounge Firm/Company 5240 COMPASS POINTE CIRCLE Address VERO BEACH, FL 32966 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vivian Olsen Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
		Name of Limited Liability Company d fee(s) are submitted for filing. ning this matter to the following: Em Name of Person Medical Concierge and IV lounge Firm/Company PASS POINTE CIRCLE Address ACH, FL 32966 City/State and Zip Code E-mail address: (to be used for future annual report notification) matter, please call: at () Area Code Daytime Telephone Number nount: illing Fee & S55.00 Filing Fee & S60.00 Filing Fee, are of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
5240 COMPA VERO BEACE E-n For further information concerning this mat	VERO BEACH, FL 32966		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ıll:	
Vivian Olsen		at (
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAND & SEA MEDICAL CONCIERGE SERVICES, LLC

(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 C	Company were filed on 08/18/2021	and assigned
	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Bibiana's Medical Concierge and IV lounge, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the na	200 Polymer registered
Name of New Registered Agent:		42 m
New Registered Office Address:	Enter Florida street address	PE STATE
Florida document number L21000371518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bibiana's Medical Concierge and IV lounge, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		 	□ Change
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<u> </u>			□Add
			□ Remove
			□Change

		
E. Effective date, if other than the date of filing:		
E. Effective date, if other than the date of filing: (optional) (If 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record 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 record is filed.		
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (3 as th
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	11/18/2021	
_	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00