Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:			
	 • J J		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MDROUTING LLC

Certificate of Status	1
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDRouting LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000428499</u>	upany were filed on 09/30/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d Hability company here:	
MDRoute LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
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 bere:	office address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		··. ~
		022 117
New Registered Office Address:	Enter Florida street address	APR - FJ
	, Florida	Zip Code C
N. D. L. J. Clarence of the beauty Development	City	<b>3</b>
New Registered Agent's Signature, if changing Registered		ω
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

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>	<u>Address</u>	Type of Action
MGR	Muhammad Masud		□Add
			☐ Remove
			■ Change
			□Add
			□Remove
			Change
	<del></del>		C]Add
			Change
			Петюvе
			🗀 Add
			Remove
			☐ Change
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			Remove
			□ Change

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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ne record ord is file	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 d.
Dated_	
	X Huhamad Manual Signature of a member or authorized representative of a member
	Muhammad Masud
	Typed or printed name of signee

Filing Fee: \$25.00