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то:	Registration Se Division of Co			
SUBJE	<i>c</i> r.	YourMedPal	, LLC	
ODA	C1.		ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Dbor	ia. Let	
			Name of Person	
			HOUY MEDPOL Firm/Company	
		2202 4		
			1em Lk Ct Address	
		N	largate FL 32	0063
		cl&	City/State and Zip Code Ora I el 07@gr o be used for future annual report noti	nail.com
For furt	her information o	E-mail address: (t concerning this matter, please ca		fication)
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		of Person	at (15 T)	te Telephone Number
Enclose	d is a check for t	he following amount:		
	5.00 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 Addre Registration		Street Address: Registration Se	ction

Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 17 AH 9:

SECRETARY OF ST

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Your	Mea	49	١

<u>TALLAH</u>ASSEE, EUG (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 Company were filed on _ 10 | 28 | 20 21 Florida document number 121000469166 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered_Office Address: Enter Florida street address , Florida City

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
MGR	Doora Lee	3393 Merrick Ct	□Add
		Margate, FL 33063	□Remove
			Change
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D. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	1-12/14/21 Mdo0/
	Signature of a member or authorized representative of a member
	Dhora Lee

Filing Fee: \$25.00