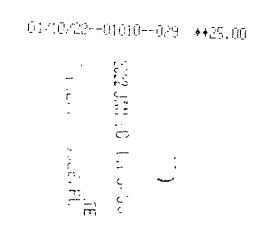
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	ocrations		
	GDS MEDIA	AL CENTER LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	umendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		GIOVANA DE SOUZA		
			Name of Person	
		GDS MEDIAL CENTER I	.t.c	
Firm/Company				
		10048 SW 16TH ST		
			Address	
PEMBROKE PINES, FL 33025				
			City. State and Zip Code	
		DESOUZAGIOVANA@Y		
			to be used for future annual report notif	fication)
For further i	nformation co	oncerning this matter, please ca	all;	
GIOVANA DE SOUZA		786 223-6499		
Name of Person		at ()	e Telephone Number	
Enclosed is:	a check for th	e following amount:		
■ \$25,00 f	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)
	uling Address		Street Address:	gtion
	gistration S vision of Co		Registration Sec Division of Cor	
Division of Corporations P.O. Roy 6327			The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDS MEDIAL CENTER LLC	2022 J.M. G.
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) Florida Limited Etability Company)
The Articles of Organization for this Limited Liabil Florida document number 1.22000001502	lity Company were filed on 12/22/2021
Florida document number (1997)	·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
GDS MEDICAL CENTER LLC	
The new name must be distinguishable and contain the words	"Elmited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> <u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
	City Zin 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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2 4200	01/01/202	22		
2. Effective date, if other than the (If an effective date is listed, the date must	date of filing: a be specific and cannot be pri	or to date of filing or more	(optional) than 90 days after filing.) Pe	usuant to 605.0207
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the appl	beable statutory filing re	quirements, this date wil	I not be listed as
document veneetive date on the 17	eparament of State 8 recort	18.		
the record specifies a delayed effective	ordates but not an officiation	time at 12:01 a.m. m.	become in the Alexander of	1)al
cond is filed.	e date, out not an encenve	time, at (2.0) a.m. on	ne carner or, (b) The w	om day arter me
Dated	05:00 P.N	1.		
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Dated				
5	2000			
Se Se	Signatur of a member or an	thorized representative of a	ı membei	

Filing Fee: \$25.00