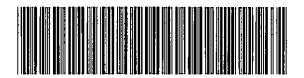
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
B Medical,	PLLC				
SUBJECT:Name of Limited 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.			
	Michael Kennedy				
	-	Name of Person			
	Ingenuity Counsel				
		Firm/Company			
	1222 Lesperance Road				
		Address			
	Tecumseh, Ontario N8N 1	X5. Canada			
		City/State and Zip Code			
	mk@ingenuitycounsel.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Michael Kennedy		519 252-3888			
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Addres		Street Address:			
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 23 PM 2: 53

B Medical, PLLC	دار.	Anna.
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.)	ALLAHASSEE, FI
The Articles of Organization for this Limited Liability Com		·
Florida document number L22000016686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	55)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	name of the new register
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
hereby accept the appointment as registered agent and	d agree to act in this capacity. I furthe	r agree to comply with t

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
AMBR	CHRISTOPHER BLUE	7550 MATCHETTE ROAD	□Add
		LASALLE. ON N9J 2S5 CA	≣Remove
			□Change
AMBR KRISTEN BLUE	KRISTEN BLUE	7550 MATCHETTE ROAD	■Add
		LASALLE, ON N9J 2S5 CA	□Remove
			□Change
			Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□ Add
			□Remove
			□ Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(if an <u>No</u> t	ective date, if other than the date of filing:
If the re record i	cord 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 s filed.
Dat	ed March 10 . 2022 .
	Signature of amember or authorized representative of a member
	Michael Kennedy

Filing Fee: \$25.00

Typed or printed name of signee