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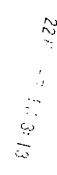
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T. MATTHEWS MAR 1 6 2022

COVER LETTER

TO:

TO: Registration Se Division of Co				
	E GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter to the following: PHIL ZAVERI				
	PHIL ZAVERI			
		Name of Person		
	AUREATE GROUP LLC			
		Firm/Company		
	5600 W MARINER, STE	227		
		Address		
	TAMPA, FL 33609			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	CTOU JAGU E-mail address: (WE @MEDICALIMPACTG to be used for future annual report notific	Roup. Com cation)	
For further information	concerning this matter, please c	all:		
PHIL ZAVERI		630 807-9245 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of (Section	Street Address: Registration Sect Division of Corp		
P.O. Box 63: Tallahassee,		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FT -7 FJ 3: 13

AUREATE GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 18TH, 2022	and assigned
Florida document number L22000035110		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	5600 W MARINER ST, STE 227	11.81
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33609	_
Enter new mailing address, if applicable:	PO Box 172801	
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33672	
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

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
AMBR	PHIL ZAVERI	912 LAKESHORE RANCH DR	□Add
		SEFFNER, FL 33584	■Remove
			Change
AMBR TOUJ REIF LLC	TOUJ REIF LLC	912 LAKESHORE RANCH DR	= Add
		SEFFNER, FL 33584	□ Remove
			Change
		-	□Add
			□ Remove
			□Add
			□ Remove
			□Change
<u> </u>			□Add
			□Remove
			□Add

		
		
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ffective date, if other than the date must be an effective date is listed, the date must be some affective date in this block locument's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days after filing k does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.0207 (
record specifies a delayed effective of is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
FEBRAURY 23	2022	
Pated	D	
T S	gnature of a member or authorized representative of a member	
PHIL ZAVERI		
	Typed or printed name of signee	