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COVER LETTER Registration Section TO: Division of Corporations MEDIVAL LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MONICA DIAZ Name of Person : : GLOBALLY AGENT CORP Firm/Company 7205 NW 19TH ST SUITE 401 Address MIAMI, FL 33126 City/State and Zip Code GLOBALLYAGENT@GMAIL.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 754 2360886 MONICA DIAZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60,00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDIVAL LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our re Linuted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 01/21/2022	and assigned
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip 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 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 	FIGUEROA, JOSE DAVID	7205 NW 19TH ST SUITE 401 MIAMIA, FL 33126	□Add
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ffective date, if other than the an effective date is listed, the date in this lote: If the date inserted in this locument's effective date on the	nust be specific and ca block does not me	annot be prior to et the applicab	date of filing or	more than 90 day	(optional) is after filing.) its, this date w	Pursuant to 6 vill not be l	505.0207 isted as I
record specifies a delayed effect his filed.	ive date, but not a	n effective tim	e, at 12:01 a.m	. on the earlier	of: (b) The	90th day al	
06 JULY		2022				<u>.</u>	
aicu		Varia	· 'A-	200		SSEE.	2022 JUL 14 PH
-	Signature of a me	phoer or authori	ed representati				ച്ച് ` ധ
LUISA ARIAS	/					ORIU	3: 40

Typed or printed name of signee