

To:

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L22000137779

2022-10-06 19:01:49 GMT

305328-774

From: Janet Avila

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WHITE ADMIRAL MEDICAL SOLUTIONS, LLC

|                       |         |
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OCT 07 2022

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHITE ADMIRAL MEDICAL SOLUTIONS, LLC

(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 04/04/2022 and assigned  
Florida document number L22000137779.

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 "LLC" 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: EDILIO CHAVEZ

New Registered Office Address: 10631 N. KENDALL DRIVE, SUITE 1208

*Enter Florida street address*

MIAMI


Florida 33176

*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.*

  
13053284774 (Oct 4, 2022 12:37:10)

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>   | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|---------------|------------------------------------|--|
| AMBR         | EDILIO CHAVEZ | 10631 N. KENDALL DRIVE, SUITE 1208 | <input checked="" type="checkbox"/> Add    |
|              |               | MIAMI, FL 33176                    | <input type="checkbox"/> Remove            |
|              |               |                                    | <input type="checkbox"/> Change            |
| AMBR         | VERONICA DIAZ | 10631 N. KENDALL DRIVE, SUITE 1208 | <input type="checkbox"/> Add               |
|              |               | MIAMI, FL 33176                    | <input checked="" type="checkbox"/> Remove |
|              |               |                                    | <input type="checkbox"/> Change            |
|              |               |                                    | <input type="checkbox"/> Add               |
|              |               |                                    | <input type="checkbox"/> Remove            |
|              |               |                                    | <input type="checkbox"/> Change            |
|              |               |                                    | <input type="checkbox"/> Add               |
|              |               |                                    | <input type="checkbox"/> Remove            |
|              |               |                                    | <input type="checkbox"/> Change            |
|              |               |                                    | <input type="checkbox"/> Add               |
|              |               |                                    | <input type="checkbox"/> Remove            |
|              |               |                                    | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 2022

10/ Veronica Diaz

Signature of a member or authorized representative of a member

VERONICA DIAZ

Typed or printed name of signee