

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000137516 3)))



H220001375163ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.  
Account Number : I20040000083  
Phone : (954)474-8000  
Fax Number : (954)474-9850

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**WELMEDIX LLC**

Certificate of Status	0
Certified Copy	0
Page-Count	01
Estimated Charge	\$25.00

2022 APR 21 AM 11:12

SECRETARY OF STATE  
FALLS CHASSE, FLORIDA

2022 APR 21 PM 3:28

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APR 22 2022

T. LEMIEUX

H22000137516

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WELMEDIX 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 03/21/2022 and assigned  
Florida document number L22000139457

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:

5886 NW 25th Court

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, Florida 33496

Enter new mailing address, if applicable:

5886 NW 25th Court

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida 33496

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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED  
2022 APR 21 PM 3:28  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY  
70

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

H22000137516

H22000137516

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>
MBR	BACKSTOP LLC	5886 NW 25th Court	<input type="checkbox"/> Add
		Boca Raton, Florida 33496	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000137516

H22000137516

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ADD FEI/EIN NUMBER: 88-1395786

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be a specific date.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable requirements, filers must check the "Not Applicable" box.

**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.

If the record 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 record is filed.

Dated April 14 2022

Signature of a member

Signature of a member or authorized representative of a member

Harry P. Mirabile, Esq. Authorized Representative (Attorney)

Typed or printed name of signee

**Filing Fee: \$25.00**

H22000137516