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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ORLANDO CO	ODM LLC	
Nar	me of Limited Liability Company	-
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
CHAC) TOUJAGUE	
	Name of Person	_
<u> GRLAND</u>	DO CODM LLC	
	Firm/Company	20
5600 N	MARINER ST. STE 227 Address	2022 JUL 29 AM 8: 02
	Address	29
TAMPA	1, FL 33609 City/State and Zip Code	
	HUE @ GMAIL.COM	30.8
	address: (to be used for future annual report notification)	
For further information concerning this matter,	please call:	
CHAO TOUJAGUE	or 813 \ 312 \lad2	
Name of Person	at (<u>\$13</u>) 317 lu/7 Area Code Daytime Telephone Numb	her
Enclosed is a check for the following amount:		
\$30.00 Filing Fee S30.00 Filing Fe	-1	Filing Fee,
Certificate of S	(additional copy is enclosed) Certifi	icate of Status & - ed Copy
	(addition	nal copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite	: 810
ranamano, 15 55011	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO CODM LLC

company has been notified in writing of this change.

(A ribi	illity Company as it now appears on our records. ida Limited Liability Company)	· ·			
The Articles of Organization for this Limited Liability Florida document number [1.22000161536]		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbrev	riation "L	.IC."	
Enter new principal offices address, if applicable:		53,	23		
(Principal office address MUST BE A STREET ADI	DRESS)	10	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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		, n - s	9	1	
Enter new mailing address, if applicable:		11:	I»	<u> </u>	
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(Mailing address MAY BE A POST OFFICE BOX)	-		03		
B. If amending the registered agent and/or register		he name of	the ne	w regisi	
	.,				
	. 				
agent and/or the new registered office address here	Enter Florida street address				
agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address		Zip Code		

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

If Changing Registered Agent, Signature of New Registered Agent

If ameading 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	Medical Impact Partners - FL, LLC	5600 Mariner St Ste 227	≣ Add
		Tampa. FL 33609	□Remove
			□Change
AMBR	URLANDO HEALTH SCIENCES	5600 Mariner St Ste 227	□Add
	University, LCC	Tampa FL 33609	■Remove
			□Change
			□Add
			TRemove 1
			Dehange = 11
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Effec	tive date, if other ffective date is listed, th	than the date	of filing:	annot be prior	to data of filing	or more than 90	(option	al) ing VPursu	ant to 60°	5 0207 (
Note:	If the date inserted	in this block de	oes not me	et the applic	ible statutory	filing requirer	nents, this d	ate will no	ot be list	led as t
docur	nent's effective date	on the Departr	nent of Sta	te's records.						
		1 . 60	. 1		12:01 -		دام کو سیال	Th., 00th	day after	w tha
e reco ed is f	ord specifies a delayo Tled.	d effective date	, out not a	n effective ti	me, at 12:01 a	i.m. on the car	ner or. (b)	the your	day and	i the
	<i>f</i> ,	,								
Dated	07/25/2	Jı	1425.	2022						
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Typed or printed name of signee