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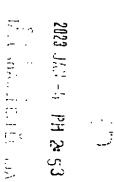
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## **COVER LETTER**

.

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
Covid Hub					
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kevin Bond				
		Name of Person			
	Covid Hub LLC				
	<del></del>	Firm/Company			
	7862 W. IRLO BRONSON	MEMORIAL HWY SUITE 419			
		Address		<del></del>	<b>~</b> 3
	Kississmee, Florida 34747			); (2)	2023 J.C' -4
		City/State and Zip Code		5	
	kevin.l.bond@outlook.com		E	<u>. 1</u>	<del>.</del> -
		to be used for future annual report noti	neation)	:	3
For further information of	concerning this matter, please co			5	2:53
Kevin Bond		585 506-5708 at () Area Code Daytim	e Telephone Number	: 	<u>်</u>
Name (	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fil Certificat Certified (additional	ie of Statu	
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations		
P.O. Box 63:	41	The Centre Of 1	ananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Covid Hub LLC			_	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number 1.22000164419	ere filed on 4/6/2022	and	l assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	hbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<del>;</del>	2112	
_		·-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>- 1</u>	<u>망</u>	
		i.	53	·
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the nar</u>	ne of the	new reg	istere
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Cin	Zip (	'ode	

## 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>	Name	Address	Type of Action
AMBR	Dennis Allen	2130 PORTLAND AVENUE	□Add
		Rochester, NY 14617	<b>■</b> Remove
			□ Change
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ective date, if other than the date of filing:	20/2022	001	(optiona	l)	
effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the	ie applicable stat	tilling or more than 90 utory filing requiren	ents, this da	ag.) rursuai ae will noi	be listed
ument's effective date on the Department of State's	records.				
				22 (2021	
cord specifies a delayed effective date, but not an ef	fective time, at 1	2:01 a.m. on the earl	ier of: (b)	The 90th C	iay after t
December 30th 202	22	_			
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