

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L2200018269**

**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.**

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H220003030593ABCV

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## To:

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

## From:

Account Name : SG PROJECT MANAGEMENT LLC  
Account Number : I20220000151  
Phone : (754)226-4414  
Fax Number : (954)613-4136

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

Email Address: ANDREA@CLIMENT@SGGLOBAL.GROUP

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## DAILY HEALTHY EXAMS LLC

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

2022 OCT 19 PM 3:17

2022 OCT 19 AM 9:17  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
FILEDAPPROVED  
AND  
FILED

H 220003030593 ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DAILY HEALTHY EXAMS 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 05/03/2022 and assigned  
Florida document number L22000182269

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEARNING MEDICINE EDUCATION LLC

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)

1835 E HALLANDALE BEACH BLVD #502

HALLANDALE BEACH - FL 33009

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

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent:

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AND  
FILED  
STATE  
OF FLORIDA

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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H 22 000 303 05 93

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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 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 02 Day of September, 2022

Idelice de Sousa, Anelcicle  
Signature of a member or authorized representative of a member

ITALIA DE SOUSA ANDRADE Idalia de Sousa Andrade  
Typed or printed name of signee

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**Filing Fee: \$25.00**