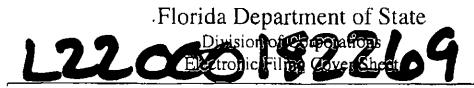
Division of Corporations

9/2/22, 10:39 AM



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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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: ANDREACLINENTO 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

FILED

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# H 22000 3030593 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAILY HEALTHY EXAMS LLC	•			
(Name of the Limited Liability Com	nany as it now annears on our records.)  Lightity Company)			
The Articles of Organization for this Limited Liability Compare Plorida document number 122000182269	ny were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If nmending name, enter the new name of the limited liability company here; EARNING MEDICINE EDUCATION LLC				
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the dealgnation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)				
Enter new malling address, if applicable:	1835 E HALLANDALE BEACH BLVD #502 HALLANDALE BEACH - FL 33009			
Mailing address MAY BE A POST OFFICE BOX		<u> </u>		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of the new register		
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Florida street address			
	, Florid	la		
	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.

If Changing Registered Agent, Signature of New Registered Agent

H220003030593

If amending Authorized Person(s) authorized to manage, enter the little, name, and address of each person being added or removed from our records:

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ffective date, if other than it an effective date is listed, the date inserted in this occurrent's effective date on the record specifies a delayed effect is filed.  O2 Day of September alted  IDALIA DE SOUSA	Department of State's nive date, but not an effective date, but not an effe	Tective time, at 1	2:01 a.m. on the	earlier of: (b)	De 90th day after th

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