L22000186728

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	MED	TRZLIC	Α.
		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Dunia	Jean-Baptiste Name of Person	
		Firm/Company	
	0	0 -	26
	1.0.	15 ox 7335 Address	
	Jackson	ille FL 3225	7 23
	1	City/State and Zip Code	Com
For further information co	oncerning this matter, please ca		
Dunia Name o	Jean-Baptiste	at (<u>904</u>) 334 2 Area Code Daytime Te	elephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C	orporations	Division of Corpor	rations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEN

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000186728}{}$.	were filed on Feb 08, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4709 Cumbuland Station Cd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 3225
Enter new mailing address, if applicable:	P.O. Box 7335
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonule FL 32241
D. If amonding the registered great and/or registered off as	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	induress on our records, enter the name of the new registered
Name of New Registered Agent:	07
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 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
			Remove
			□Add
			Remove
			Change
			□Add
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<u>e:</u> If the d	ate inserted in	ate must be specific this block does r	not meet the	applicable sta	of filing or ma tutory filin	ore than 90 g require	nents, this	date will	suant to 605.0 not be listed
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		Signature of	of a member of	or authorized/re	presentative	of a mem	per	<u> </u>	