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COVER LETTER

	stration Sec sion of Corp				
SUBJECT:	Lake Medic	at LLC			
NOBSECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return a	all correspor	idence concerning this matter	to the following:		
		Mallikarjuna R Penumudi			
			Name of Person		
		Lake Medical LLC			
		• • •	Firm/Company		
		1066 Clearlake Road			
			Address		
		Cocoa FL-32922			
			City/State and Zip Code		
		us22012@pakmail.com			98
For further inf	ormation co	E-mail address: (neerning this matter, please co	to be used for future annual report notif all:	ication)	2025 APR -3 SECRETAR
Mallikarjuna	R Penumudi		321 960-8621		
	Name of	Person	Area Code Daytime	Telephone Number	ි. ස
Enclosed is a	check for the	e following amount:			£17
■ \$25.00 Fil	ling Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing f Certificate of \$ Certified Copy (additional copy is	Status &
	ing Address stration Se		Street Address: Registration Sec	tion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE MEDICAL 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 05/05/2022 and assigned Florida document number L22000214332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pak Mail 22012 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Add
			Remove
			□Change
	1,2012, 1012, 1014		🗖 Add
			□Remove
			□ Change

fective date, if other than the date of filing: 03/31/2025		
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Filing Fee: \$25.00