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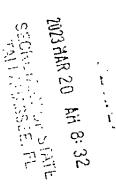
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			
		ST GROUP INTERNACION	AL LLC	
SUBJEC	Т:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		OLGA NOVOA		
			Name of Person	
		MEDYEST GROUP INT	ERNACIONAL LLC	10 12
			Firm/Company	17.03 %
		1525 Laurel Crossing Pkw	yy NE, Apt 1034	SECRETALI AND
			Address	
		Buford, GA, 30519		AH 8: 32
			City/State and Zip Code	32
		Anttury@hotmail.com		1
			(to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c	ali:	
OLGA N	OVOA		(813) 539-8790 at ()	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25,0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
ĺ	P.O. Box 632	7	The Centre of	Tallahassee
	l'allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDYEST GROUP INTE		
(Name of the Limited Liability Compar (A Florida Limited L.	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Elorida document number 1.22000229053	were filed on 05/16/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	Mievia M.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	20
		U.S.
		10 m
Enter new mailing address, if applicable:		型号 &
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the nai</u>	ne of the new regist
Name of New Registered Agent:		
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DANIELLA CALDERON	1525 Laurel Crossing Pkwy NE, Apt 1034	□Add
		Buford, GA, 30519	⊒Remove
			■ Change
			□Add
			R 20
			□Add 1 Romove
			□Change
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ective date, if other than t	he date of filing:		(optional)	
e: If the date inserted in this	nust be specific and cannot be prior block does not meet the applic	able statutory filing requir	90 days after filing.) Pursuant to 6 cements, this date will not be 1	05,020 ist cd a
illnent's effective date on the	Department of State's records			
cord specifies a delayed effect Filed.	tive date, but not an effective ti	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day af	fter the
od	2023			
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