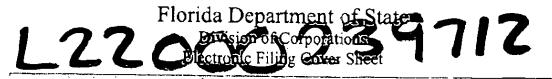
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

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

Email Address: Info@illenaccounting.com

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Help

JUL 21 2022

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDI INVESTMENTS LLC					
(Name of the Umited Link (A Fior	lity Company as it now morears on our	Let ord: 7		-	•
The Articles of Organization for this Limited Liability	Company were filed on 05/23/202	2	and	assigned	
Florida document number L22000239712.				•	,
This amendment is submitted to amend the following:				•	
A. If amending name, enter the new name of the li	mited liability company here:			•	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "I.C" or the abl	previation	"LiLC."	- -
Enter new principal offices address, if applicable:				•	
(Principal office address MUST BE A STREET ADI	DRESS)				-
					_
Enter new mailing address, if applicable:	<u></u>		,	·	· -
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		<u> </u>	· 	_
			•	 	_
B. If amending the registered agent and/or register		en er the name	e of the i	new regist	ered
agent and/or the new registered office address here	:			2	
Name of New Registered Agent:				022	
New Registered Office Address:					· . •
	Enter Florida strei	a oddress		0	
	City	, Flerida	Zip Co.	de C	;;
New Registered Agent's Signature, if changing Registe	red Agent:			71:	
I haraby account the appropriate and account account the appropriate and account the appropriate account the appropriate account to the appropriate account the account the appropriate account the appropriate account the appropriate account the account the appropriate account the ac	nt and agree to act in this capaci	tv. i further an	ree to co	mnly with	the

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
MGR	MARIA ISABELA, JARAMILLO	2101 BRICKELL AVENUE UNIT 280	≅ Add
		MIAMI, FL 33129	□Remove
			Change
			□ Add
			□Remove
		,	Change
			□Add
			□Remove
			Change
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ective date, if other than t	he date of filings				
ective date, if other than the effective date is listed, the date is listed in this effective date on the sument's effective date on the	nust be specific and ca block does not mee	ment be prior to date	of filing or more than 90 d trutory filing requireme	_ (Opinonal) lars after filing.) Pursuant to 6 ents, this date will not be li	05.0207 (sted as t
cord specifies a delayed effect filed.	rtive date, but not an	effective time, at	12:01 s.m. on the earlie	er of: (b) The 90th day af	ter the
ad		2022			
	María	Isabela Jaramil	lo		
	Signature of a mer	nber or authorized re	presentative of a member		