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## **COVER LETTER**

TO:					
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SUBJEC	. I:	Name of Lim	ited Liability Company		<del></del>
The encl	Registration Section Division of Corporations  TRAC-MED LLC  Name of Limited Liability Company  TRAC-MED LLC  Name of Limited Liability Company  Arinze Antanfo  Name of Person  TRAC-MED LLC  Firm/Company  2.773 SE 23rd Drive  Address  Homestead. Flo. 33035  Cuy/State and Zip Code  arinzeananfo@gmail.com  E mail address: (to be used for future annual report nontication)  arther information concerning this matter, please call:  Area Code  Name of Person  TRAC-MED LLC  Firm/Company  2.773 SE 23rd Drive  Address  Homestead. Flo. 33035  Cuy/State and Zip Code  arinzeananfo@gmail.com  E mail address: (to be used for future annual report nontication)  arther information concerning this matter, please call:  Area Code  Name of Person  Registration Section  Registration Section				
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Arinze Amanfo			
	Dission of Corporations  TRAC-MED LLC  Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  num all correspondence concerning this matter to the following:  Ariaze Amanfo  Name of Person  TRAC-MED LLC  Finn-Company  2.473 SE 23rd Drive  Address  Homestead. Flo. 330.35  Cny/State and Zip Code  arinzeamanfo@gmail.com  E-mail address: (to be used for future annual report noutheation)  ner information concerning this matter, please call:  Annanfo  I is a check for the following amount:  00 Filing Fee  Certificate of Status  Cryffied Copy  raddatonal copy is enclosed)  Mailing Address:  Registration Section  Registration Section				
		TRAC-MED LLC			
			Firm/Company		<del></del> -
		2373 SE 23rd Drive			
			Address		
		Homestead, Flo, 33035			
			City/State and Zip Code		
		<del>= =</del>	Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Indice concerning this matter to the following:  Arinze Amanfo  Name of Person  FRAC-MED LLC  Firm/Company  2373 SE 23rd Drive  Address  Iomestead. Flo. 33035  City/State and Zip Code  inzeamanto@gmail.com  F: mail address: (to be used for future annual report noitheation)  rning this matter, please call:    1		
For furth	ner information c			, ,	
Arinze /	Amanfo				
	Name o	of Person	Area Code	Daytime Telephor	ne Number
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	Division of Corporations  TRAC-MED LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  cturn all correspondence concerning this matter to the following:  Arinze Amanfo  Name of Person  TRAC-MED LLC  Finn/Company  2373 SE 23rd Drive  Address  Homestead, Flor, 33035  City/State and Zip Code  arinzeamanfo@gmail.com  E-mail address: fto be used for future annual report nonfreation)  her information concerning this matter, please call:  Amanfo  Name of Person  Area Code  TSA64207437  Daytine Telephone Number  d is a check for the following amount:  0.00 Filing Fee  Certificate of Status  Certificate Copy radditional copy is enclosed)  Mailing Address:  Street Address:				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAC-MED LLC		022
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on July 05, 2022	022 JUL 15dPH 2: 22
Florida document number L22000300799	·	E
This amendment is submitted to amend the following:		22 Riu/s
A. If amending name, enter the new name of the lim	ited liability company here:	
TracMED Research LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	Cuy	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>	<u>Name</u>	Address	Type of Action
AMBR	Zulekha Fisher	2373 SE 23rd Drive, Homestead, FL. 33035	<b>=</b> Add
			□Remove
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