

L220000324311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

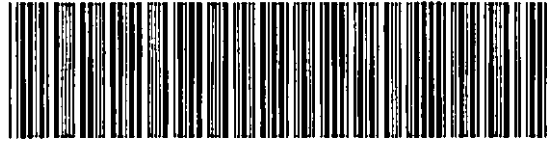
(Business Entity Name)

(Document Number)

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CONFIDENTIAL FILE # 220000

22 AUG 29 PM 4: 09
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDPROANSWERS.COM, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN M HAMILTON III
Name of Person
HAMILTON LAW PLLC
Firm/Company
111 SECOND AVENUE NE, SUITE 703
Address
ST. PETERSBURG, FL 33701
City/State and Zip Code
JHamilton@hamiltonlawfl.com
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOHN M HAMILTON III at (727) 866-4606
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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**

MEDPROANSWERS.COM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE REGISTRATION

The Articles of Organization for this Limited Liability Company were filed on JULY 21, 2022 and assigned
Florida document number L22000324311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11125 PARK BOULEVARD, SUITE 104-232
SEMINOLE, FL 33772

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11125 PARK BOULEVARD, SUITE 104-232
SEMINOLE, FL 33772

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:

11125 PARK BOULEVARD, SUITE 104-232

Enter Florida street address

SEMINOLE

City

Florida 33772

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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COMMUNICATIONS SECTION
FISHERY COMMISSION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

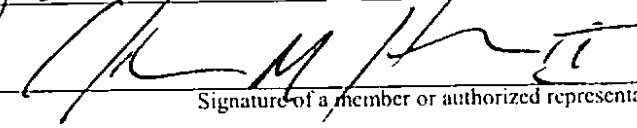
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 24, 2022



Signature of a member or authorized representative of a member

JOHN M HAMILTON III

Typed or printed name of signee