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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	S J 3 W LL Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Jares Regene	Shapiro Name of Person Sis Medica	al LLC
		Firm/Company	
	12040	Captains 1	Lading
	North F	City/State and Zip Code	FL 33408
	E-mail address: (to be used for futurefamual report note	Mail (0 Mail 123)
For further information of	oncerning this matter, please ca	all:	7. 22
<u>Jared</u> Nume o	Shapiro of Person	at (S(Q)) 2\5 Area Code Daytime	Telephone Number E 3
Enclosed is a check for the	he following amount:		(1)
\$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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJOW LLC	_	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 3 2 5 0</u> 18		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	Medical LL	Observation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2125 510 17
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ne of the new registered
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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Change □Change □Change □Change □Change □Change □Change □Change
			Remove ()
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

The correct EIN that the IRS
has for my LLC is 90-2248245.
Surbiz shows a different EIN. Surbiz shows it as 88-3427009.
Please correct the EIN in Sunbiz to 90-2248245 to match the
intornation the LKO has.
E. Effective date, if other than the date of filing: Feb 2025 (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
Typed or printed name of signee

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