L22000391610

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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October September Septembe
Special Instructions to Filing Officer:

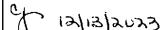
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2023 FOR 30 PH 5: 56



COVER LETTER

	sion of Corp	`,	•			
SUBJECT:	Lirimed LLC					
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Melanie Hatto				
			Name of Person			
			Firm/Company			
		17621 Eagle View Ln				
		Cape Corat, Florida 33909	Address			
			City/State and Zip Code			
		innovatemel@yahoo.com E-mail address: (to be used for future annual report no	otification)		
For further in	iformation co	oncerning this matter, please ca	all:			
Melanie Hatt	to		239 810-0087 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres gistration S		Street Address: Registration S	Section		
Div	ision of C	orporations	Division of C	Division of Corporations		
-). Box 632 lahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 30 PM 5: 56

Lirimed LLC

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

(A Florida Limited	Liability Company)	TAL
The Articles of Organization for this Limited Liability Company Florida document number 92-3030378 L22000391610	y were filed on March 30, 2023	3 09/07/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Med Brace Designs LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	0 01 11	
	Enter Florida street add	tress
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		 	Remove
			Change
			□Add
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			□Change
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fective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on th	must be specific and cannot be is block does not meet the ap	prior to date of filing or mo pplicable statutory filing	(optional ore than 90 days after filing requirements, this date	g.) Pursuant to 605.020
	ective date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
is filed.	2023			
is filed.		•		
record specifies a delayed effer is filed.		· ·		