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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MUSC Medial UC Name of Limited Liability Company
Name of Crimined Craptilly Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Tasha Muscare 19
Musc Medical LC
1903 Sath 25th St Sule 105
Fort Pierce Fl Biguit
E-mail-address to be used for future annual report notification)
For further information concerning this matter, please call:
Tosha Muscare   at (TDa) - 330 - 7313 Name of Person at (TDa) - 340 - 7313 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee FI 323142415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Musc Modical	
(Namy of the Limited Liability Compar (A Florida Limited L	is as if now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number \( \subseteq \frac{1}{2} \subseteq \subseteq \frac{1}{2} \subseteq	were filed on 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."  1903 South 25th
(Principal office address MUST BL A STREET ADDRESS)	Sule 10t Fort Pierce, FL 34947
Enter new mailing address, if applicable:	Same
(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, enter the name of the new registered
Name of New Registered Agent: Tasi	na Muscarella
New Registered Office Address: 3703	Enter Florida street divess
Tort St	Cay Storida Start

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
MOR	Tosha Muscarella	3703 SEJennings Rd	XAdd
		Port Stlucie fl	DRemove
		34953	□Change
moe	Sean Muscarella	3:70% SE Jenning Pd	□Add
		POST-St Lucie FL 34952	kRemove
		59930	□Change
			]Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  (uptional)  If an effective date is fisced, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date of file date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after of is filed.  Dated  Signature of a member or authorized representative of a member.			<del></del>				<del></del>
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Dated July 19 . 2024 . Signature of a member or authorized representative of a member	Note: If	the date inserted in	this block does no	of the application	able statutory fili		
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Trong Muscarella					orized representative	of a member	