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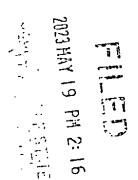
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7/19/23

COVER LETTER

TO:

		stration Sec sion of Corp						
		Agilent Med	lical LLC					•
SUBJEC	:T: _		Name of Lim	ited Liability Company				
The enclo	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn :	all correspor	ndence concerning this matter	to the following:				
			Sanjeev Mohammed					
				Name of Person			2023 HAY	esergi.
				Firm/Company		· · ·	AY 19	Fortier **
			10638 Versailles Blvd				PH	1 1
				Address		33	.; - 1	, C
			Wellington, Florida 33449			12 <u>2</u> 1	5	
			tennisfl22@gmail.com	City/State and Zip Code				
			E-mail address: (to be used for future annual report notific	cation)			
For further	er inf	formation co	oncerning this matter, please c	all:				
Sanjeev	Moha			561 598-0481 at ()				
		Name of	Person	Area Code Daytime	Telephone Nur	nber		
Enclosed	lisa	check for the	e following amount:					
≡ \$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi	0 Filing ficate of fied Cop ional copy	Status (
	Reg Divi P.O.	ing Address istration S ision of Co . Box 632° ahassee, F	ection orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suit	te 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000497786</u>	were filed on November 2	22, 2022	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
PrimeMedX LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:	10638 Versailles Blvd	,			
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33449	,-16	023		
the state of the s					
		:	9		
Enter new mailing address, if applicable:	Same		- T7		
(Mailing address MAY BE A POST OFFICE BOX)	-	No.			
printing diarcis in the period of the post			-		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, g	enter the name o	f the new registere		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am fan 605, F.S. Or, if i	iliar with and his document is		

If Changing Registered Agent, Signature of New Registered Agent

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
	101.		□Add
			□Remove
			□Change
			ZZDAdd HAY
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				771		_
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ective date, if other than the	e date of filing:			(optional)	_	
reflective date is listed, the date muter. If the date inserted in this b	lock does not meet th	e applicable statuto	ing or more than 90 day ry-filing requiremen	's after filing.) ts, this date v	Pursuant to vill not be	605.020 listed a
cument's effective date on the E	Department of State's	records.				
cord specifies a delayed effecti	ve date, but not an eff	ective time, at 12:0	l a.m. on the earlier	of: (b) The	90th day	after the
s filed.						
	202	13				
May 12 led	-					
ted May 12	Mohamm	1				

Filing Fee: \$25.00