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# **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	porations		
	D MEDICAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Samuel A. Stolt		
		Name of Person	<del></del>
	ENHANCED MEDICAL	LLC	
	·	Firm/Company	
	1548 S. MISSOURI AVE	SUITE 102	
		Address	
	CLEARWATER, FL 3375	66	SECT.
	Sam.a.stolt@gmail.com	City/State and Zip Code	2021 HAR 27 PK 3: 06 SECRETARY OF STATE STATE AND SEED FT
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	, may 63
Samuel A. Stolt		585 5072400 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENHANCED MEDICAL LLC	ad Liability Compar	or it now appears of	n our records )	
(Name of the Limit	(A Florida Limited L	ny as it now appears of iability Company)	HOHI TECHOS	
The Articles of Organization for this Limited L	iability Company	were filed on 12/19.	/2022	and assigned
his amendment is submitted to amend the foll	owing:			
a. If amending name, enter the new name o	f the limited liabi	lity company here	:	
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the desig	gnation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	1548 S MISSOUR	I AVE SUITE		
Enter new principal offices address, it applicable. (Principal office address MUST BE A STREET ADDRE		CLEARWATER,	FL 33756	APR H
<del></del>				2 2
Enter new mailing address, if applicable:				PH D
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)			6
3. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	nddress on our reco	ords, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	Stolt Capital LI	LC		
New Registered Office Address:	1548 S. MISSO	OURI AVE SUITE 10		
COM TOPINION SITTED FIRM COD.		Enter Florida	street address	
	CLEARWATE		, Flori	
		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>	Name	Address	Type of Action
MGR	PPL MGMT LLC	1548 S Missouri Ave Suite 102 Clearwater FL 33756	5 <b>≡</b> Add
			□Remove
			Change
MGR	STOLT, SAMUEL	1361 S MLK JR AVE CLEARWATER, FL 33756	□Add
			= Remove
			Change
			□Add
		SE1	Remove
		SECRETARY TALLARAS	Change
		변수 ( 변수 ( 변수 (	Add  Remove
		- ret	🗆 Change
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ffaatis	ve date, if other	than the data	of filing:				(optional)		
an effe	crive date is listed, the	he date must be s	pecific and car	nnot be prior to	date of filing o	r more than 90 day	ys after filing.)	Pursuant to	605.020
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e rec	ord specifies a	delayed eff	ective dat	e, but not	an effective	e time, at 12	::01 a.m. d	on the ea	rlier
The	90th day after	the record	is filed.						
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	1911	Sign	ature of a mer	mber or author	ized representa	ive of a member		_ <del></del>	-