Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11230003717773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | |
|-------|--------------------------|----------------------|--|
| | Division of Corporations | | |
| | Fax Number | : (850)617-6383 | |
| | | . , | |
| From: | | | |
| - | Account Name | : LEGALZOOM.COM INC. | |
| | Account Number | : 120010000062 | |
| | Phone | : (323)962-8600 | |
| | Fax Number | : (323)389-0502 | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICHOICE HEALTH ACADEMY L.L.C.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu Corporate Filing Menu Help S. ROW RTS

OCT 3 0 2023

Page: 42 of 45

Fax: 13059742831

Fram: UPS Stare 7251

5

To:

2023-10-27 11:08:26 PDT

Fax: (323) 389-0597

13233890552 From. Mohd Afzal

Page: 2 of 5

10/23/2023 4:59 PM

COVER LETTER

| TO: | Registration Se Division of Corp | | | |
|----------------|-------------------------------------|---|---|---|
| C170 IT | MEDICHO | DICE HEALTH ACADEMY L | L.C. | |
| 201991 | W.1: | Name of Limit | ed Liability Company | |
| The en | closed Articles of a | Amendment and fee(s) are subn | nitted for filing. | |
| Ploasc | roum all correspon | ndence concerning this matter t | o the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | <u></u> |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | -may agreement on the all the films |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | obedaubourg@gmail.com | o be used for flature annual report notific | enium) |
| For fire | ther information co | encerning this matter, please ca | - | |
| | | , , , , , , , , , , , , , , , , , , , | | |
| | nne Moseley Name of | Регроп | at () | Celephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| ☐ \$ 2: | 5.00 Filing Fcc | ☐ \$30.00 Filing Fee & Certificate of Status | S\$55.00 Filling Foe & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclused) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page, 43 of 45

Fax: 13059742831

From: UPS Store 7251

To:

2023-10-27 11:08:26 PDT

Fax: (323) 389-0597

13233890552

From: Mohd Afzal

Page: 3 at 5

10/23/2023 4:59 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MEDICHOICE HEALTH ACADEMY L.L.C. (Name of the Limited Limbilly Company as it now appears on our records.) (A Floride Limited Limbility Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/03/2023}{1}$ ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if chancing 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

_____, Florida _

Zip Code

13233890552

From: Mohd Afzal

Fex: 13059742831 Fax: (322) 389-0597 Page: 4 of 5 10/23/2023 4:59 PM

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

| Title | Name | Address | Type of Action |
|-------|------------------|-------------------------------------|----------------|
| AMBR | Obed Anbourg | | |
| | | | □ Remove |
| | | 365 NW 189th St. Miami, FL 33169 | |
| AMBR | Divinals Nehore | 365 NW 189th St Miami, FL 33169 | Add |
| | | | П Remove |
| | | | ☐ Change |
| AMBR | Martinez Armand | 365 NW 189th St Miami, FL 33169 | |
| | | | D Remove |
| | | | |
| AMBR | Marvella Aubourg | 365 NW 189th St. Miami, FL 33169 | |
| | | | |
| | | | Change |
| | | | □ Add |
| | | | □ Встоуо |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | [] Change |

o,

From: UPS Store 7251

2023-10-27 11:08:26 PDT

13233890552

From: Mohd Afzal

Fax. 13059742831

To:

Fax: (322) 389-0597

Page: 5 of 5

10/23'2023 4:59 PM

| (If an e <u>Note</u> | ctive date, if other than the date of filing: (optional) frective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a meet's effective date on the Department of State's records. |
|-------------------------|--|
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Date | 00.700.EQ 23th, 2013 |
| | Signature of a momber or authorized representative of a member |
| | |
| | Obed Aubourg |

Page 3 of 3

Filing Fee: \$25.00