L23000185683

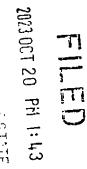
	- <u></u>	
(Re	equestor's Name)	
(Àd	ldress)	
(Ad	ldress)	
(C)	nulCtata (7 in IDhana	40
(CII	ty/State/Zip/Phone	·#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filling Officer:	
		!

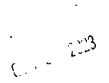
Office Use Only



800417436938

10/20/23--01018--003 **30.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MEDIC	ONL DIRECT S. Name of Lim	ALES LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DAN AND	Name of Person	
	MEDICAL D	Firm/Company	<u>C.</u>
		ERNID BREEN P	20
	-JACKSUNVIC	City/State and Zip Code	
	MEDICAL DIC E-mail address: (1	ECT SNUS C. GNAL to be used for future annual report noti	L Cv M fication)
For further information co	ncerning this matter, please ca	all:	
JOHN A. Brance of	Person	at (<u>352</u>) <u>284-7</u> Area Code Daytim	7339 e Telephone Number
Enclosed is a check for the	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 Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	ited Liability Company)	20 111 1:43
The Articles of Organization for this Limited Liability Comp Florida document number <u>£23005 185683</u> .	oany were filed on	-14-2-23 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 I	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our record	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	City	, Florida Zip Code
	Спу	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

Title	<u>Name</u>	Address	Type of Action
M6L	JOHN A. BROOKS	2008 EMERAL GREEN RD Mekschville FE 32246	⊠ ∧dd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□∧dd
			□Remove
		□Change	
		.	□Add
			□Remove
			□ Change

_	
-	
_	
_	
_	
_	
_	
_	
_	
(If an effective Note: I	the date, if other than the date of filing: 10-18-2023 (optional)
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	10-18-23
	Signature of a member or authorized representative of a member
	John MNCON BROOKS Typed or printed name of signee