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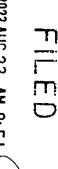
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COVER LETTER

| TO: Registration S Division of Co | | | - |
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| Osceola Im | fectious Diseases Consultancy S | Services, P.L.L.C | • • |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | nee manney ex myang | |
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Raibaan R Khattak | | |
| | | Name of Person | |
| | Osceola Infectious Disease | s Consultancy Services, P.L.I. | C |
| | | Firm/Company | · |
| | 3471 DOVETAIL AVE | | |
| | | Address | |
| | Kissimmee, Fl 34741 | | |
| | Raihaankhattakmd@gmail.c | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual repoi | t notification) |
| For further information of | concerning this matter, please c | all: | |
| Raihaan Khattak | | 352 390 052 | 28 |
| Name o | of Person | at () Area Code | aytime Telephone Number |
| 11. 1 . 4 | k. č.Hi | | |
| Enclosed is a check for t | <u>-</u> | _ | _ |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addre | | Street Addre | |
| Registration Division of 0 | | Registration of | n Section Corporations |
| P.O. Box 631 | | | of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Osceola Infectious Diseases Consultancy Services, P.L.L.C. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on U. Florida document number 1.23000226455 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 __. Florida ___

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.

Cin

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> | <u>Name</u> | Address | Type of Action |
|------------------|----------------------|--|----------------|
| President MCR | Raihaan Riaz Khattak | 3471 DOVETAIL AVE, Kissimmee Ft, 34741 | ■Add |
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| Signature of a prember or authorized representative of a member | |
| Raihaan Riaz Khattak | |

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