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Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROMED LOGISTICS LLC

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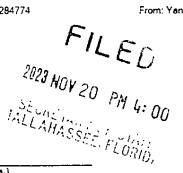
Corporate Filing Menu

Help

K. SALY

NOV 2 1 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PROMED LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/15/2023}{1}$ Florida document number \_\_\_\_L23000290580 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 "L.L.C." 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: JORGE BENCOMO CASTRO Name of New Registered Agent: 2699 STIRLING RD STE C306A New Registered Office Address: Enter Florida street address , Florida <sup>33312</sup>
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.

DAVIE

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	Name	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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