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(((H230004375673)))



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	Account Number	:	12014000084
	Phone	:	(305)527-6617
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To: CORPORATE AMENDMENT

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From: TAXLEAF, COM INC CONTADORAMERICA.COM

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H23000437567 3 **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION OF

VIRTUALMED SOLU		
(Name of the Limited Liability Compar (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number <u>1.23000540019</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a <u>agent and/or the new registered office address here</u> :	ddress on our records. <u>enter the</u>	ename of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
		- Zip Cock
New Registered Agent's Signature, if changing Registered Agent:		5 . 5 . 5 .

Thereby 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. 17

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA VALERIA VALLINA	5537 SHELDON RD SUITE E	Add
		TAMPA, FL 33615	
			_
			🗆 Add
			🛛 Remove
			□Change
<u> </u>			🖸 Add
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<u> </u>	
Effective date, if other than the date	e of filing:(optional) pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
f an effective date is listed, the date must be s	pecific and cannot be prior to date of fifting or more than 90 days after filling.) Pursuant to 605.0207 (.
	does not meet the applicable statutory filing requirements, this date will not be listed as the
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Sote: If the date inserted in this block of ocument's effective date on the Depart record specifies a delayed effective dat d is filed DECEMBER 22ND Dated	the point of State's records. The point an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the $\frac{2023}{1000000000000000000000000000000000000$

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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