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2024 APR 12 AH 9: 46 SECRETARY OF STATE TALLARY SEEL FL

COVER LETTER

TO:

Registration Section . Division of Corporations

subject: <u>Bic</u>	med General Name of Lim	So Juhon LLO	<u>v</u>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David 1	2 Guzman Sara Name of Person	chez
	Bromed (General Solution Firm/Company	5 LLC
	1885	W & 6 STAPT	<u>103</u>
	Hialea	h, PL 33012	ALMPR FORET
	daviely E-mail address: (City/State and Zip Code G. 1969 & gma to be used for future annual report notice	SECRETARY ST.
For further information of	concerning this matter, please c		9.5 Q
	Guzman of Person		-5203
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee,	FL 34314	2410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

B compel	Liability Company	as it now annear	s on our records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L24 0000 49</u>	00		1 26 202	4	and as:	signed
This amendment is submitted to amend the following						
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company he	<u>re</u> :			
The new name must be distinguishable and contain the word	ls "Limited Liability	/ Company," the de	esignation "LLC" o	or the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable	le:			 ლ	207	
(Principal office address MUST BE A STREET A	4DDRESS)			<u> </u>	# <u>주</u>	
				? ? .	20	* **** **** * - 3
Enter new mailing address, if applicable:					2 ///!!	1 - 1 - 1 - 1 - 1
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			73	3: 47	
B. If amending the registered agent and/or registered affice address h		dress on our re	ecords, <u>enter th</u>	e name of	the nev	w registered
Name of New Registered Agent:						
New Registered Office Address:		Enter Flor	ida street address		_	
			, Flori	ida		
-	<u> </u>	City	, . 1017		ip Code	
New Registered Agent's Signature, if changing Reg	istered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR	David R Guzman Sanchez	1885 W56 St Apt 103	_ tvdd
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