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## **COVER LETTER**

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Tallahassee, FL 32314

TO:

		on Section f Corporations						
CI:DIEC		LITUS MEDICAL INTERNATIONAL TRADE LLC						
SUBJEC	, I ;	```	Name of Lim	ited Liability Company	<del></del>			
The encle	osed Articl	es of Amendment and fe	e(s) are sub	mitted for filing.				
Please re	turn all co	rrespondence concerning	this matter	to the following:				
		Dineya Gomez						
				Name of Person				
		TAbadesa Asse	ociates Grou	ip INC				
		-	Firm/Company					
		419 W 49th ST	STE III					
		City/State and Zip Code						
		dineyagomez@t						
For furth	er informa	E-ma tion concerning this matt		o be used for future annual report:	notification)			
Dineya (				305 558-0622	,			
——————————————————————————————————————		40		at ()				
	^	ame of Person		Area Code Day	time Telephone Number			
Enclosed	is a check	for the following amoun	t:					
<b>■</b> \$25.0	00 Filing F	ee 🔲 \$30,00 Filing Certificate o		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
	Mailing A Registrat	ddress: ion Section		Street Address Registration				
	_	of Corporations		Division of C				
	P.O. Box				f Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITUS MEDICAL INTERNATIONAL TRADE LLC

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/0}{16046}$ .	n7/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	024 SE
	PI2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	55 FATE 6
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	cords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	la street address

## 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.

City

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
AMBR	GISELLE M DOMASZCZUK	1660 WEST GOLFVIEW DR	□ Add
		PEMBROKE PINES, FL 33026	<b>≡</b> Remove
			□Change
			□Remove
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ote:	ve date, if other than the date of filing:
record is file	I 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 ed.
ated _	August 39 . 2024.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Adriana L Massignan- MGR
	Typed or printed name of signee

Filing Fee: \$25.00