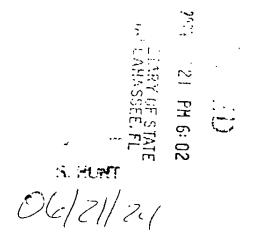


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## **COVER LETTER**

TO: Registration So Division of Cor			
SocialMed SUBJECT:	, LLC		
SUBJECT:	Name of Lim	Timi/Company  nenia Ave., Suite I  Address  City/State and Zip Code  rone.com  -mail address: (to be used for future annual report notification)  atter. please call:  Area Code  Daytime Telephone Number  Dunt:  ing Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gus M. Centrone		
		Name of Person	
		Firm/Company	
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	-	Address	<del></del>
	Tampa, FL 33612		
	<del></del>	City/State and Zip Code	
	gus@guscentrone.com		至 19
For further information of	n-mail address: (	·	cation)
Gus Centrone			S 02 TATE
Name o	r Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration Sect	tion
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P.O. Box 632		The Centre of Ta	

Tallahassee. FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Florida document number  1.24000265477  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Healthcare Auctions, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLE  Enter new principal offices address, if applicable:	and assigned
The Articles of Organization for this Limited Liability Company were filed on 6/11/24 and assi Florida document number 1.24000265477  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Healthcare Auctions, LLC  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: 23  (Principal office address MUST BE A STREET ADDRESS)	"LLC" or the abbreviation "L.L.C."
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Healthcare Auctions, LLC  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  Cuter new principal offices address, if applicable:	TATAL AND
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Inter new mailing address, if applicable:	
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Mailing address MAY BE A POST OFFICE BOX)	F 03
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## 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.

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
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			□Remove
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f an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not	meet the applic	able statutory fil				
record specifies a delayed effe d is filed.	ective date, but no	ot an effective ti	me, at 12:01 a.m	i. on the earlier	of: (b) The 9	0th day aft	ter the
June 17 Dated		2024	<u> </u>				
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