Division of Corporations 9/18/24, 10:32 AM

L24000284750

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000317700 3)))

H24000317700 3EOT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2024 SEP 18 AM 11:10
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SG PROJECT MANAGEMENT LLC
Account Number : I20000000131
Phone : (754) 326-4414
Fax Number : (212) 617-8984

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 SEP 18 AM 11:10
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LUNG CARE CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

K. SALY

SEP 19 2024

H24000317700 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 SEP 18 PM 4:18
TALLAHASSEE, FLORIDA

LUNG CARE CONSULTING 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 06/24/2024 and assigned Florida document number L24000284750.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida *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.

If Changing Registered Agent, Signature of New Registered Agent

H24000317700 3

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

H24000317700 3

MGR = Manager
AMBR = Authorized Member

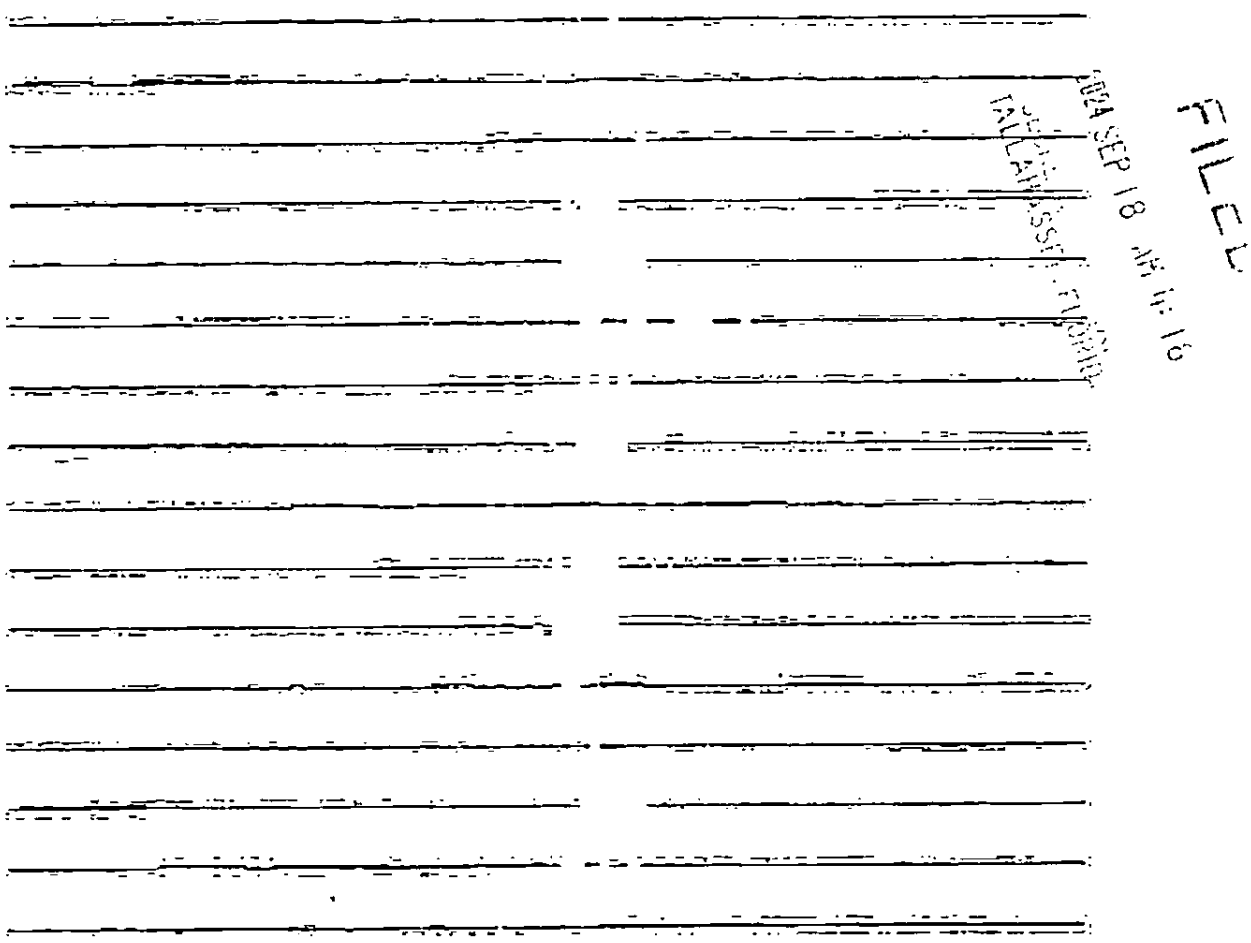
Title	Name	Address	Type of Action
AMBR	HUSCH, HERMANN HEINRI	1835 E HALLANDALE BEACH BLVD #502	☐Add
		HALLANDALE BEACH - FL 33009	☒Remove
			☐Change
AMBR	HUSCH, HERMANN HEINRICH	1835 E HALLANDALE BEACH BLVD#502	☒Add
		HALLANDALE BEACH - FL - 33009	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

FILED
SEP 18 AM 10:
TALLAHASSEE, FLORIDA

H24000317700 3

H24000317700 3

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



E. Effective date: if other than the date of filing: _____ (optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

If the record specifies a delayed effective date, but not an effective time, or an effective time but not a delayed effective date, the record will become effective at 11:59 p.m. on the earlier of: (a) The 90th day after the record is filed.

Date: 09/06/2024

Signature of a member or authorized representative of a member

HUSCH HERMANN HEINRICH

Typed or printed name of signee

H24000317700 3

Filing Fee: $35.00