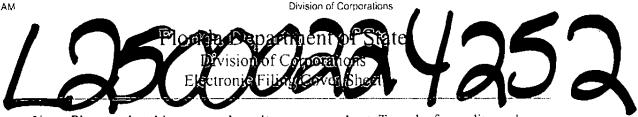
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BPM MEDICAL LLC**

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## **COVER BETTER**

TO: Registration So Division of Cor			
*BPM Med	ical LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub		
	Erik Treutlein		
		Name of Person	
	Legalzoom.com, Inc.		
	<del></del>	Firm/Company	
	11501 Domain Dr., Suite 2	200	
		Address	
	Austin, TX 78758		
		City/State and Zip Code	<del>.</del>
	morganegibson@gmail.com		<del>, , , , , , , , , , , , , , , , , , , </del>
For further information c	e-mail address: ( concerning this matter, please c	to be used for future annual report notifi all:	(Cation)
Erik Treutlein		800 773-0888	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<b>31311</b>	INC AINIDECC.	STDEET/CORDI	ID ANNOTES.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BPM Medical LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as i <u>t now appears on our records.</u> ) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000224252</u> .	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
<del> </del>	
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	92 SW 3rd St, Unit 3412, Miami, FL 33130.
(Principal office address MUST BE A STREET ADDRESS)	County - Miami-Dade
Enter new mailing address, if applicable:	92 SW 3rd St, Unit 3412, Miami, FL 33130.
(Mailing address MAY BE A POST OFFICE BOX)	County - Miami-Dade
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, enter the name of the nev
New Registered Office Address:	
	Enter Florida street address
	. Florida
N. B. C.	City Zip Cod S
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiat with and provided for in Chapter 605, F.S. Or, if this document is
/\$/	
If Chai	nging Registered Agent, Signature of New Registered Agent

To:	. Р	age: 4 of 6	2025-07-10 00:1	9:54 PDT L	egalZoom com, Inc.	From; Sanket Patil
10.		ago or o	2020 07 10 00.1	J.U- 1 D 1	operation to the mile.	, form, Carmer, Bar

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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			□ Change

D. If amor	<del>-</del>	2025-07-10 00:19:54 PDT tion, enter change(s) here: (Attach a	LegalZoom.com, Inc.	From: Sank
D. Hamei	iding any other morma	tion, enter change(s) here. Panten	additional sneets, if necessary,	
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(It'an effe <u>Note:</u> I	ctive date is fisted, the date mus f the date inserted in this blo	date of filing:  t be specific and cannot be prior to date of filing ock does not meet the applicable statutor epartment of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	5 605.0207 (3)(b) listed as the
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	ord specifies a delayed 90th day after the reco		tive time, at 12:01 a.m. on the e	arlier of:
Dated _	07/10	. 2025		
	/S/ Morgan Gibs	on		
	<u>_</u>	Signature of a member or authorized represe		_

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