ivision of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXPROS OF CLERMONT LLC

Account Number : I20210000146 Phone : (352)660-1026 Fax Number : (800)466-5730

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

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M3D THERAPY INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX

COVER LETTER

Division of Co			1	
M3D Soft	tware LLC		%	
	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are suf	hmitted for filing		
	ondence concerning this matter	•		
	Nicholas Larson			
		Name of Person		
	Tax Pros of Clermont			
		Firm/Company		
	4279 S Hwy 27 - Unit E			
		Address		
	Clermont, FL 34711			
		City/State and Zip Code		
	nicholas@taxprosofclermor			
		to be used for future annual report noti	fication)	
or further information of	concerning this matter, please ca	all:		
Vicholas Larson		352 660-1026 at()		
Name o	f Person	Area Code Daytim	e Telephone Number	
nclosed is a check for th	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclused)	S60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is euclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M3D Therapy LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 02/22/2021	and assigned
Florida document number P21000019133		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	lability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	9460 Delegates Drive Stc 130	
Mailing address MAY BE A POST OFFICE BOX	Orlando, Florida 32837	
maining audress may be at 1051 0171CE BOX)		
3. If amending the registered agent and/or registered office and/or the new registered office address here:	re address on our records, enter the name	e of the new regis
Name of New Registered Agent:		
		20,
New Registered Office Address:	Enter Florida street address	. J.
	, Florida	ب ب
	City	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			ORemove
			🗆 Сһарде
			□Add
			DRemove
			Change
			C) Add
			□Remove
			Change
			C]Add
			Ramove
			Change
			DAdd
			Remove
			Change

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<u> (ote:</u> Ii	e date, if other than the date of filing: (optional) tive 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 60 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the effective date on the Department of State's records.	5.0207 ted as
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft d.	er the
M	fay 25th 2023	
ated _	1) am arrem	
	Signature of a member or authorized representative of a member	