L25000031750

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2025 FEB -3 PK 4: 06

CAPITAL CONNECTION, INC.

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PHYMEDBSS LLC	
Please Debit FCA00000003 For: 25	
Thank you Seth Neeley	
1	
ACG/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
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	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
J. G.	Vehicle Search
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Name Date Time	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	Registration Sec Division of Corp							
CHB IF		1BSS LLC						
SOBJEC	-1.	Name of Limi	ited Liability Company					
The encl	Division of Corporations PHYMEDMBSS LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: DIEGO E CORDOVA Name of Person DE CORDOVA & CO ACCOUNTANTS AND BUSINESS CONSULTANTS Firm/Company 7300 NORTH KENDALL DRIVE, SUITE 201 Address MIAMI, FL 33156 City/State and Zip Code DIEGO@DECCPA.NET E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: IEGO CORDOVA Name of Person 1 (305) 925-0131 Area Code Daytime Telephone Number Closed is a check for the following amount: 255.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)							
Please re	turn all correspon	ndence concerning this matter	to the following:					
		DIEGO E CORDOVA						
			Name of Person					
		DE CORDOVA & CO AC	COUNTANTS AND BUSINESS C	ONSULTANTS				
		 	Firm/Company					
		7300 NORTH KENDALL DRIVE, SUITE 201						
			Address					
		MIAMI, FL 33156						
		<u></u>	City/State and Zip Code					
		-		· 				
		E-mail address: (to be used for future annual report notifi	cation)				
For furth	er information co	oncerning this matter, please co	all:					
DIEGO	CORDOVA							
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclosed	i is a check for th	e following amount:						
\$25 .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy				

MAILING ADDRESS:

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

FILED

2025 FEB -3 AM 10: 36

PHYMEDMBSS LLC

(Name of the Limited Linbi (A Floric	lity Company as it now appears of Limited Liability Company)	on our records.)	ASSET FINE
			•
The Articles of Organization for this Limited Liability	Company were filed on		and assigned
Florida document number L25000031750	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	2:	
Phymed MBSS LLC			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 -		
Multing dualess may be a 1031 0111ce born			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		our records, <u>enter</u>	the name of the n
New Registered Office Address:			
New Registered Office Address.	Enter Florid	da sireei address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of n agent as provided for in Ci red office address, I hereby	ny duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
/\$/			
	If Changing Registered Age	nt, Signature of New R	egistered 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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			C Add
			□ Remove
			☐ Change
			🗖 Add
			Remove
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(If an effective Note: If t	date, if other we date is listed, the he date inserted 's effective date	he date must be I in this block	e specific and k doe s not n	l cannot be pi neet the app	ior to date of t licable statu	filing or mon		after filing	g.) Pursua		
If the record (b) The 90	d specifies a Ith day after				not an effe	ective tin	ne, at 12:	01 a.m.	. on the	e ea rlie	r o
Dated				·	·						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00