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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
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OCT 0 9 2019 S. YOUNG

COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations		1		
	HMS Hold	dings, LLC		1		
SUBJECT: _		Name of Lin	nited Liability Company			
				1		
The enclosed A	articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return al	ll correspo	ondence concerning this matter	to the following:			
		Lorne Tritt				
		Name of Person				
			Firm/Company			
		3450 Atlanta Industrial Pkwy.				
		Address Atlanta, GA 30331				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notic	fication)		
For further info	rmation c	oncerning this matter, please co	all;			
Jimmy Hwang			678 723-4444			
Name of Person		Area Code Daytime	2 Telephone Number			
Enclosed is a cl	ieck for th	se following amount:				
■ \$25.00 Filin	ng Fee	☐ \$30.00 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)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n			

ARTICLES OF AMENDMENT

10
ARTICLES OF ORGANIZATION
OF

IHMS Holdings, LLC	:	-	Ì
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u> </u>	1:05	†
The Articles of Organization for this Limited Liability Company were filed on 11/30/15 Florida document number L15000199873	<u> </u>	-	nd ass
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			İ
ASP Medical Supply, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	" or the ab	breviati	on "L.
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)			<u> </u>
			Ī
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	<u>enter</u>	the n	ame •
Name of New Registered Agent:			1
New Registered Office Address:			
Enter Florida street addres	v		Ī
	orida		
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 find provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, the being filed to merely reflect a change in the registered office address, I hereby confirm the company has been notified in writing of this change.	d Lam fa F.S. Or, .	amilia if this	r¦with docu

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:				
MGR = A				
<u>Title</u>	<u>Name</u>	Address	Type of	
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			Remov	
			Change	

	any other into	mation, enter C	nange(s) here. 7	миасн аааниона.	i snecis, ij necessai	3.7
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rote. 1	re date, if other than the etive date is listed, the date of the date inserted in this nust effective date on the	s block does not n	icet the applicable	ate of filing or more to statutory filing rec	(optional) han ⁹⁰ days after filing puirements, this date	e) Pursuant to 605.0 will not be listed
If the reco (b) The 9	ord specifies a delay 90th day after the r	yed effective d ecord is filed.	ate, but not ar	n effective time	e, at 12:01 a.m.	on the earlie
S Dated _	eptember 20	,	2019			
	1 -	_				
	. 8	Signature of a n	nember or authorized	d representative of a	member	
	Jimmy Hwang					1 :
		<u>-</u>	Typed or printed na	me of signee		

Page 3 of 3

Filing Fee: \$25.00