

L20000 182219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

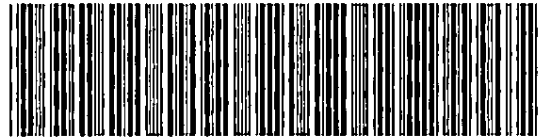
(Business Entity Name)

(Document Number)

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SEP 20 2020

S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 AUG - 3 PM 4: 24

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMPLY LIFE MEDICAL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisandra Estevez, Esq.

Name of Person

Di Pietro Partners, PLLC

Firm/Company

901 E Las Olas Blvd., Suite 202

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

lisandra@ddpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisandra Estevez, Esq.

954 712-3070
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIMPLY LIFE MEDICAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 AUG - 3 PM 11:24
FILED
CLERK OF COUNTY CLERK
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF PALM BEACH
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/29/2020 and assigned Florida document number 1.20000182219.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SIMPLY LIFE MEDICAL, LLC

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)

15188 Park of Commerce Blvd.

Suite 1

Jupiter, FL 33478

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15188 Park of Commerce Blvd.

Suite 1

Jupiter, FL 33478

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

_____, Florida _____

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 Changing Registered Agent, Signature of New Registered 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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