

L15000174708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

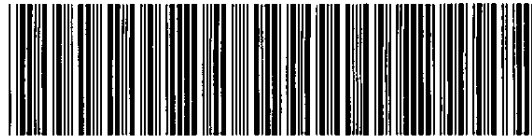
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 17 2015

J SHIVERS

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**UNITED STATES MEDICAL SUPPLY, LLC**

**L15000134708**

**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Amendment</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>Amendment Filing</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/14/2015

**ST**

Order#:  
**9661964**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**UNITED STATES MEDICAL SUPPLY, LLC**

**L15000134708**

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**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
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<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
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Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/14/2015

**ST**

Order#:  
**9661964**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

United States Medical Supply, LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 10, 2015 and assigned Florida document number L15000134708

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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

City

Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Zachary Schiffman	8260 NW 27th Street, Suite 401	<input type="checkbox"/> Add
		Miami, Florida 33122	<input checked="" type="checkbox"/> Remove
MGR	Zachary Schiffman	8260 NW 27th Street, Suite 401	<input checked="" type="checkbox"/> Add
		Miami, Florida 33122	<input type="checkbox"/> Remove
MGR	John Harroff	8260 NW 27th Street, Suite 401	<input checked="" type="checkbox"/> Add
		Miami, Florida 33122	<input type="checkbox"/> Remove
MGR	Camilo Horvilleur	8260 NW 27th Street, Suite 401	<input checked="" type="checkbox"/> Add
		Miami, Florida 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 14, 2015



Signature of a member or authorized representative of a member

Zachary Schiffman

Typed or printed name of signer

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TALLAHASSEE, FLORIDA