

LIS000134708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

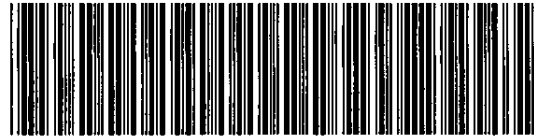
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TALLAHASSEE, FLORIDA

D. SCOTT

FEB 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED STATES MEDICAL SUPPLY, 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:

Susy Cabrera

Name of Person

UNITED STATES MEDICAL SUPPLY, LLC

Firm/Company

8260 NW 27TH ST STE # 401

Address

MIAMI, FL 33122

City/State and Zip Code

licensing@usmed.com

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

For further information concerning this matter, please call:

Susy Cabrera

at (305)

403-5836

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**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 02/19/1999 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:

N/A

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:

8260 NW 27TH ST #401

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33122

Enter new mailing address, if applicable:

8260 NW 27TH ST #401

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33122

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:

N/A

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>
MGR	SCHIFFMAN, ZACHARY	8260 NW 27TH ST #401	<input type="checkbox"/> Add
		MIAMI, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIO CASILLAS	8260 NW 27TH ST #401	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/CE	STEPHEN FOREMAN	8260 NW 27TH ST #401	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HARROFF, JOHN	8260 NW 27TH ST #401	<input type="checkbox"/> Add
		MIAMI, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Houilleux, Camilo	8260 NW 27TH ST #401	<input type="checkbox"/> Add
		MIAMI, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 17, 2017

2017

Stephen Foreman

Typed or printed name of signee

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