

L190000090144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 SEP 23 PM 6:02

C. GOLDEN
OCT - 3 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Reliable Medical Supplies 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:

Christina Pawlak

Name of Person

RX Licensing + Accred

Firm/Company

10204 Wellington Parc Dr

Address

Wellington FL 33449

City/State and Zip Code

christinap@pharmlicensing.com

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

For further information concerning this matter, please call:

Christina Pawlak

Name of Person

561 215 5067

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Reliable Medical Supplies 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 4/02/2019 and as
Florida document number L19000090144

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.I."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3200 N Federal
Ste 227
BOCA RATON FL 33

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3200 N. Federal +
Ste 227
Boca Raton FL 33

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tervelens Jean-Louis

New Registered Office Address:

3200 N Federal Hwy S

Enter Florida street address

Boca Raton, Florida 33431

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type c</u>
MGR	Jeffrey Cuadras	4732 NW 52nd St	<input type="checkbox"/> Ad
		Coconut CK FL 33076	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Cha
MGR	Tervelens Jean-Louis	3200 N Federal Hwy	<input checked="" type="checkbox"/> Ad
		St 227	<input type="checkbox"/> Rem
		Boca Raton FL 33431	<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

as per stock purchase agree
Mr J. Cuadros sold all 100 shares
to Terve lens Jean-Louis

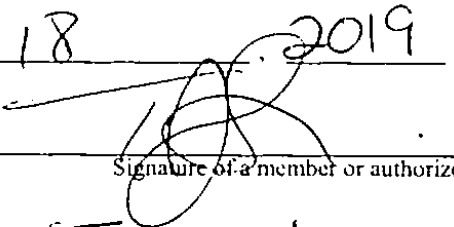
E. Effective date, if other than the date of filing: 9/18/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The 90th day after the record is filed.

Dated 9/18/2019


Signature of a member or authorized representative of a member

Terve lens Jean-Louis
Typed or printed name of signer