L19000090144

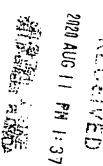
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 NOTE 11 AND 9: 00

C. GOLDEN AUG 1 2 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RELIABLE MEDICAL SUPPLIES L	LC
	·
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
organica c	Vehicle Search
	Driving Record
Requested by: Seth	UCC 1 or 3 File
	UCC 11 Search
Name Date T	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	egistration Se fivision of Cor			
SURJECT	Reliable M	ledical Supplies LLC		
SOBJECT		Nume of Lin	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		ROBERT HOPTA		
			Name of Person	
		RELIABLE MEDICAL S	UPPLIES LLC	
			Firm'Company	-
		3200 N FEDERAL HWY		
			Address	
		BOCA RATON FL 33433		
			City/State and Zip Code	
		HOPTA.B@CPOINTMED	IA.COM	
			to be used for future annual report	notification)
For further		oncerning this matter, please e		
ROBERT	НОРТА		561 504- 061 at () Area Code Day	2
	Name o	f Person	Area Code Day	dime Telephone Number
Enclosed is	s a check for th	ne following amount:		
☐ \$25.00	Filing Fee	# \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed;
	ailing Addres		Street Address	=
	egistration S ivision of C		Registration Division of C	
	O. Box 632		The Centre of	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIAB	LE MEDICAL SUPPLIES, LLC	2019 / 11 AM 9: 00
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Lie Florida document number L19000090144	ibility Company were filed on 04/02/2019	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica	A.J	
(Principal office address MUST BE A STREE)	r andrees	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter t</u> s <u>here</u> :	he name of the new registered
Name of New Registered Agent:	Robert Hopta	
New Registered Office Address:	3200 N FEDERAL HWY SUITE 227	
	Enter Florida street address	33431

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cire

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>	Name	Address	Type of Action
	ANTHONY BASILE	3200 N FEDERAL HWY #227	∴⊟Add
		BOCA RATON FL 33431	
			FlChange
MAR	ROBERT HOPTA	SAME AS ABOVE	, . ∰Add
			□ □Remove
			HChange
MGR	BRANDON RASHKIN	SAME AS ABOVE	
			□ Remove
			□ □ Change
			DAdd
			Remove
			□ Change
			ZAdd
			ПRетоус
			L I Change
			LIAdd

Effective date, if other than the date of filing: If method the 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 605.62. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of Nate's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the related date of the date of the date of the date of the filed. Dated HRUST 10 M		NEW OWNERSHIP
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Effective date, if other than the date of filing: 8/10/2020 (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated ABOUT 10 ** 2020 Canature of a north authorized representative of a member		
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Effective date, if other than the date of filing: 8/10/2020 (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 605.028 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the date of the date of a particular authorized representative of a member.		
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Filing Fee: \$25.00