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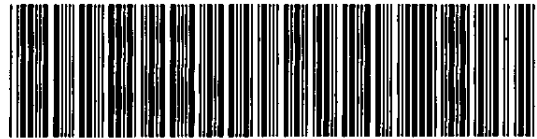
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TALLAHASSEE, FLORIDA

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T. CLINE

NOV 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP 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:

LISA S STANLEY

Name of Person

VIP MEDICAL SUPPLIES LLC

Firm/Company

6956 ALOMA AVE

Address

WINTER PARK FL 32792

City/State and Zip Code

lstanley@vipmedicalsupplies.com

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

For further information concerning this matter, please call:

JAMES WELZIEN

Name of Person

at (954)

739-9000

Area Code & Daytime Telephone Number

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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**

VIP 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 06/10/2004 and assigned Florida document number L04000044049.

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)

6956 ALOMA AVE

WINTER PARK FL 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6956 ALOMA AVE

WINTER PARK FL 32792

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TALLAHASSEE, FLORIDA

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:

LISA S STANLEY

New Registered Office Address:

6956 ALOMA AVE

Enter Florida street address

WINTER PARK

Florida

32792

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|----------------------------------------------------|----------------------------------------------------------------------------|
| MGRM | JAMES WELZIEN | 701 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | LISA S STANLEY | 6956 ALOMA AVE WINTER PARK FL 32792 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | GIRARD E STANLEY | 6956 ALOMA AVE WINTER PARK FL 32792 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 5, 2009

Lisa S Stanley

Signature of a member or authorized representative of a member

LISA S STANLEY

Typed or printed name of signee