

L05000112388

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FILED
11 DEC -9 PM 4:45
SEC. OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 12 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hospitality Oxygen and Medical Equipment, 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:

Craighton Boates

Name of Person

Boates Law Firm, PLLC

Firm/Company

42104 N. Venture Drive, Suite D126

Address

Anthem, Arizona 85086

City/State and Zip Code

craig@anthemlaw.com

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

For further information concerning this matter, please call:

Craig Boates

Name of Person

at (623)

551-5457

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

11 DEC -9 PM 4:45
TALLAHASSEE, FLORIDA

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

Hospitality Oxygen and Medical Equipment, 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 11/21/2005 and assigned
Florida document number L05000112388.

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: The Law Offices of Jeff Cohen, P.A.

New Registered Office Address: 909 Southeast Fifth Avenue, Suite 200
Enter Florida street address

Del Ray Beach, Florida 33483
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	Global Medical Equipment	of America, Inc. 42104 N. Venture Drive, Suite D126 Anthem, Arizona 85086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Thomas Nugent	30 Limestone Path Palm Coast, Florida 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cordellia Nugent	30 Limestone Path Palm Coast, Florida 32164	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Harold Halman	42104 N. Venture Drive, Suite D126 Anthem, Arizona 85086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Al Schaap	42104 N. Venture Drive, Suite D126 Anthem, Arizona 85086	<input checked="" 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.)

Dated

12/1, 2011

Alexander Schaap

Signature of a member or authorized representative of a member

ALEXANDER Schaap

Typed or printed name of signee

STATE OF FLORIDA
HALL COUNTY

11 DEC -9 PM 4:46

711, 1210