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DATE:

08/31/22

NAME: MEDICAL PRODUCTS DEPOT, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

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| TO: Registration So<br>Division of Con   |                                 |                                 |   |  |  |  |
|--|---------------------------------|---------------------------------|---|--|--|--|
|  | roducts Depot, LLC              |                                 |   |  |  |  |
| SUBJECT:   | Name of Lin                     | nited Liability Company         | <u> </u>  |  |  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub-   | omitted for filing.             |   |  |  |  |
| Please return all correspo   | ondence concerning this matter  | to the following:               |   |  |  |  |
|  | Nicholas G. Montana             |                                 |   |  |  |  |
|  |                                 | Name of Person                  |   |  |  |  |
|  |                                 | Firm/Company                    |   |  |  |  |
| Division of Corporations  Medical Products Depot, 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:  Nicholas G. Montana  Name of Person  Firm/Company  1041 Montgomery Bell Road  Address  Wesley Chapel, Fl. 33543  City/State and Zip Code  muontana012@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rebecca Cirrinicione  Name of Person  Name of Person  Tate Code  Sol.00 Filing Fee Sol.00 Filing Fee & Sol.00 Filing Fee & Certificate of Status  Certificate of Status  Certificat Copy (additional copy is enclosed)  Certificat Copy (additional copy is enclosed) |                                 |                                 |   |  |  |  |
|  | W 1 60 1 12 22 22               |                                 |   |  |  |  |
|  | Wesley Chapel, FL 33543         |                                 |   |  |  |  |
|  | nmontana012@yahoo.com           | ·                               |   |  |  |  |
| For further information of   |                                 | ·                               | notification)   |  |  |  |
| Rebecca Cirrinicione   | oncerning this matter, prease c | 727 415-7453                    |   |  |  |  |
| Name o   | f Person                        | at ()<br>Area Code Day          | time Telephone Number   |  |  |  |
| Enclosed is a check for the  | he following amount:            |                                 |   |  |  |  |
| ■ \$25.00 Filing Fee   | •                               | Certified Copy                  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| <u>Mailing Addres</u><br>Registration S  | Section                         | Street Address:<br>Registration | Section   |  |  |  |
| Division of C  | •                               | Division of C                   |   |  |  |  |
| P.O. Box 632<br>Tallahassee,   |                                 |                                 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records) [AR] OF STATE

FILED

Medical Products Depot, LLC

2022 AUG 3 1 AM 10: 1.1

| (A Florid   | da Limited Liabilil | y Company)   | IALLAHA                  | SSEE, FL             |  |
|---|---------------------|--|--------------------------|----------------------|--|
| ne Articles of Organization for this Limited Liability orida document number  | Company were        | filed on Septem                                    | nber 26, 2007            | and assigned         |  |
| is amendment is submitted to amend the following:  If amending name, enter the new name of the lin  | nited liability o   | company here:                                      |                          |                      |  |
| e new name must be distinguishable and contain the words "Li  | mited Liability Co  | mpany," the design                                 | nation "LLC" or the a    | bbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   |                     | 1041 Montgomery Bell Road                          |                          |                      |  |
| Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:   |                     | Wesley Chapel, FL 33543  1041 Montgomery Bell Road |                          |                      |  |
|   |                     |  |                          |                      |  |
| . If amending the registered agent and/or register gent and/or the new registered office address here:  Name of New Registered Agent:  Nich |                     |  | ds, <u>enter the nan</u> | ne of the new regis  |  |
| 1011  | l Montgomery B      | ell Road   |                          |                      |  |
| New Registered Office Address:  | <u> </u>            | Enter Florida s                                    | treet address            |                      |  |
| Wes   | ley Chapel          |  | , Florida                | 3543                 |  |
|   |                     | žiy  |                          | 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.

Nicholas G. Montana

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>                 | Address                      | Type of Action  |
|--------------|-----------------------------|------------------------------|-----------------|
| MGR          | Sarah Parker                | 7028 West Waters Avenue #169 |                 |
|              |                             | Tampa, FL 33634              | <b>≣</b> Remove |
|              |                             |                              | Change          |
| MGR          | The Ivory Montana Group LLC | 1041 Montgomery Bell Road    | ≣Add            |
|              |                             | Wesley Chapel, FL 33543      | □Remove         |
|              |                             |                              | □Change         |
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| Effective date, if other than th   | ie date of filir | ng:               |                 |                          | (optional                          |                           | 4/15          | (1) (1) (1) |
| If an effective date is listed, the date many Note: If the date inserted in this had been determined in the state of the date inserted in this had been determined in the state of the date inserted in the state of the date of the | block does not   | meet the applic   | cable statutory | filing requi <b>r</b> en | days after film<br>tents, this dat | g.) rursuan<br>e will not | be liste      | d as th     |
| document's effective date on the l   | Department of    | f State's records | i.              |                          |                                    |                           |               |             |
| e record specifies a delayed effecti<br>rd is filed.   | ive date, but no | ot an effective t | ime, at 12:01 a | a.m. on the earl         | ier of: (b) T                      | he 90th d                 | ay after      | the         |
| Dated August 31  |                  | 2022              | ·               |                          |                                    |                           |               |             |
|  |                  | tolas G. 7        |                 |                          |                                    |                           |               |             |
|  | ヘノレイ             | acas U.           | TUNKI AMA       | f .                      |                                    |                           |               |             |

Typed or printed name of signee