L08000021223

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Date:	10/03/2023	
	KEN	-
Referer	nce #: 2144230	_
Entity N	lame: UNIVERSAL MEDICA	L SUPPLY FLORIDA, LLC
□ #	Articles of Incorporation/Authorization	to Transact Business
V A	Amendment	
	Change of Agent	
F	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
F	ictitious Name	
V	Other ** CERTIFIE	O COPY UPON FILING **
	zed Amount: \$55.00	
Signatu	re:	

F: 800.944.6607

Registration Section
Division of Corporations

TO:

COVER LETTER

	MedSu	pply International FL, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Katie M. Taylor Name of Person		
Please return all corresp	ondence concerning this matter	to the following:	
		<u> </u>	
		Name of Person	
			
		rana company	
			Floor
		Address	
		<u> </u>	
	E-mail address: (ort notification)
For further information	concerning this matter, please c	all:	
Katie	M. Taylor	at (_310)	595-9462
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee			Certificate of Status &

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

FILED

2023 OCT -3 AH 9: 20

MedSupply International FL, LLC

(Name of the Limited Liability Company as it now appears on our records: P - IARY UF STATE

(A Florida Limited Liability Company) IALLAHASSEE. FLORIDA

The Articles of Organization for this Limited Lia	ability Company were filed on	02/28/2008	and assigned
Florida document numberL080000212	23		-
This amendment is submitted to amend the follo	endment is submitted to amend the following: Interest Medical Supply Florida, LLC Universal Medical Supply Florida, LLC Itame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The words address, if applicable: It all office address MUST BE A STREET ADDRESS) The words address, if applicable: The address MAY BE A POST OFFICE BOX) The address MAY BE A POST OFFICE BOX) The address MAY BE A POST OFFICE BOX The 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: New Registered Office Address:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
Univers	al Medical Supply Florida, L	LC	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the d	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
	U	our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	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

DocuSign Envelope ID: C03C6BA3-07B2-4316-99DE-D321B699F863
Trainenuing Authorized rerson(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
AMBR	Universal Marine Medical Supply International, LLC	27 Sylvaton Terrace	
		Staten Island, New York 10305	Remove
MGR	Chris Von Elling	Desert Palm Court, Villa 6	
		Warsan Second, Dubai	⊡ Remove
			Change
MGR	Joseph M Imburgio	4360 Oakes Road, Suite 613	
		Davie, FL 33314	<u></u>
			Change
			□ Add
			☐ Remove
			Change
			
			□ Remove
			Change
			⊡ Add
			□ Remove
			Change

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If an effective dat Note: If the dat	e, if other than the date of the is listed, the date must be specifiate inserted in this block does fective date on the Departmen	ic and cannot be prior not meet the applic	to date of filing or mo able statutory filing	re than 90 days after	filing.) Pursuant	
	pecifies a delayed effecti day after the record is fi		t an effective ti	me, at 12:01 a	i.m. on the	earlier
Dated	October 3	2023				
			Docusioned by: an Elssman			
			an Elssman	· · · · · · · · · · · · · · · · · · ·		
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Filing Fee: \$25.00