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(Address)					
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(C	ity/State/Zip/Phone #)				
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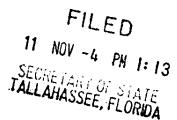
SECRETARY OF STATE
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COVER LETTER

то:	Registration So Division of Co	ection coorations				
	Division of Co.	porations				
SUBJE	ECT:	Capitol Me	dical Supply, LLC			
			ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Richard K. Dutter				
			Name of Person			
	Capitol Medical Supply, LLC					
	Firm/Company					
	2323 Curlew Road					
	Address					
		D	unodin Elorido 24609			
		<u>D</u>	unedin, Florida 34698 City/State and Zip Code	<u> </u>		
		RDutter	@CapitolMedicalSupp	oly.net		
		E-mail address: (to be used for future annual repo	ort notification)		
For fur	ther information o	oncerning this matter, please of	call:			
	Rich	nard K. Dutter	at (727)	286-9702 Daytime Telephone Number		
	Name o	f Person	Area Code &	Daytime Telephone Number		
		he following amount:				
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	ING ADDRESS:	STREET/C	OURIER ADDRESS:		
Registration Section Division of Corporations		Registration				
	P.O. B	ox 6327	Clifton Buil	ding		
	Tallaha	issee, FL 32314	2661 Execu	tive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Capitol Medical Supply, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 7, 2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000049986 Florida document number 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: Richard K. Dutter Name of New Registered Agent: 2323 Curlew Road, Ste. 7E New Registered Office Address: Enter Florida street address Dunedin , Florida ___

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.

City

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>	Type of Action			
MGR_	Charles R. Brenny	12532 Twin Branch Acres Road Tampa, Florida 33626-4425	Add P Remove			
MGR_	Christopher M. Dutter	7603 Southern Brook Bend, #102 Tampa, Florida 33635	✓ Add ☐ Remove			
MGRM	CRB, Inc.	12532 Twin Branch Acres Road Tampa, Florida 33626-4425	Add ☑ Remove			
MGRM	CM Dutter Investments, LL	7603 Southern Brook Bend, #102 Tampa, Florida 33635	Add Remove			
			AddRemove			
			Add Remove			
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.	<i>)</i>			
			FILE 11 NOV -4 SECRETARY OF			
Dated	November 1 , 201		PN 1:13			
Signature of a member or authorized representative of a member						
		chard K. Dutter or printed name of signee				
Typed of printed finite of signee						

Page 2 of 2

Filing Fee: \$25.00