

L 10000100527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

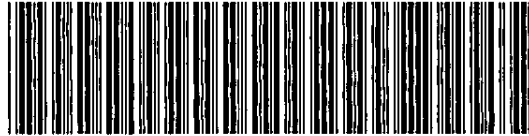
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
GALLAHADIE FILSND

2015 JUN 22 AM 10:29

FILED

K. SALLY
EXAMINER

JUN 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R & B MEDICAL DISTRIBUTORS, 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:

SAKOL SO

Name of Person

Firm/Company

11982 85TH ST

Address

LARGO, FL 33773

City/State and Zip Code

SOSAKOL@GMAIL.COM

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

For further information concerning this matter, please call:

SAKOL SO

727 4322449
at ()

Name of Person

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

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

R & B MEDICAL DISTRIBUTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/27/2010 and assigned
Florida document number L10000100527.

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 contain 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)

4442 PARK BLVD

PARK BLVD, FL 33781

PINELLAS PARK

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4442 PARK BLVD

PARK BLVD, FL 33781

PINELLAS PARK

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:

SAKOL SO

New Registered Office Address:

4442 PARK BLVD

Enter Florida street address

PINELLAS PARK

Florida 33781

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SAKOL SO	11982 85TH ST	<input checked="" type="checkbox"/> Add
		LARGO, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHANNY MAO	11982 85TH ST	<input checked="" type="checkbox"/> Add
		LARGO, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUS RODENBOSTEL	1251 VINETREE DRIVE	<input type="checkbox"/> Add
		BRANDON, FL 33510	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HOLGER KOEHLER	1251 VINETREE DRIVE	<input type="checkbox"/> Add
		BRANDON, FL 33510	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF DISTRICT COURT
 MIAMI, FL 33130

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We bought this business through Bay Auction Services INC that ordered by trustee

For any question, please contact Bay Auction Services INC at phone 727-548-9303

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2015 JUN 22 AM 10:29
CLERK OF SUPERIOR COURT
HALL COUNTY, GEORGIA


E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 16, 2015



Signature of a member or authorized representative of a member

Sakol SO

Typed or printed name of signer