

3/9/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L10000109004

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESCARIZ MEDICAL EQUIPMENT LLC

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MAR 10 2020

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ESCARIZ 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 10/19/2010 and assigned
Florida document number L10000109004

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)

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:

New Registered Office Address:

Enter Florida 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

2020 JAN -9 AM 10:27
STATE
FALL

ZUZU MAR-9 AM 10:27
FROM :
VALI
DATE:
TEL

FEBRUARY 15, 2019
 Signature of a member or authorized representative of a member
 LEIDY I. DIÁZ
 Typed or printed name of signer

LEIDY I. DÍAZ

Typed or printed name of signee