

L120000 38016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

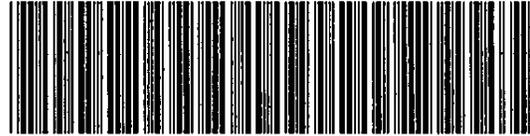
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 APR - 6 PM 3:48  
SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

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APR 09 2018  
J. HARRIS



UNIVERSAL MEDICAL DISTRIBUTORS, LLC.

P.O. Box 940574

Miami, FL 33194

Office: 786-401-6372

Fax: 305-456-7374

02 April 2018

TO: Whom It May Concern;

This letter is to inform you, that we are requesting a name change only.

If you have any questions, do not hesitate to call us.

A handwritten signature in black ink, appearing to read "Frank Pino", with a large, stylized flourish at the end.

Frank Pino

U.M.D.

General Manager

786-348-3958

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNIVERSAL 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:

FRANK PINO

Name of Person

UNIVERSAL MEDICAL DISTRIBUTORS LLC.

Firm/Company

2423 SW 147 AVE (SUITE 103)

Address

MIAMI, FL 33185

City/State and Zip Code

FPINO3000@AOL.COM

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

For further information concerning this matter, please call:

FRANK PINO

Name of Person

at (786)

Area Code

401-6372

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**

UNIVERSAL MEDICAL DISTRIBUTORS 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 03/16/2012 and assigned Florida document number L12000038016.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ALL MEDICAL SUPPLIES LLC.

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 2011 APR - 6 PM 3: 10  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

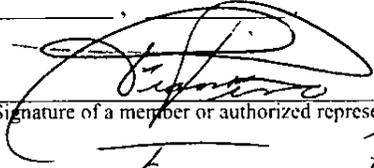
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 4/2/18

  
Signature of a member or authorized representative of a member

FRANK PINO

Typed or printed name of signee

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2018 APR -6 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA