

L12000155340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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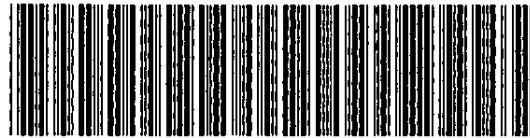
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 5 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospital Equipment Supplies, 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:

Vanessa E. Bozzo

Name of Person

Hospital Equipment Supplies, LLC.

Firm/Company

2928 Cascada Isles Way

Address

Cooper City Florida 33024

City/State and Zip Code

nancy.marante@gnbsistemas.com

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

For further information concerning this matter, please call:

Vanessa E. Bozzo

Name of Person

786 328-2391

at ()

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

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TALLAHASSEE, FLORIDA

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

Hospital Equipment Supplies, 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

The Articles of Organization for this Limited Liability Company were filed on 12/12/2012 and
Florida document number L12000155340.

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)

2928 Cascada Isle Way

Cooper City, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2928 Cascada Isle Way

Cooper City, FL 33024

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:

Vanessa E. Bozzo

New Registered Office Address:

2928 Cascada Isle Way

Enter Florida street address

Cooper City

City

Florida 33024

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 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.

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>	<u>Type of Action</u>
MGRM	Vanessa E. Bozzo	2928 Cascada Isle Way	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33024	<input type="checkbox"/> Remove
MGRM	Nancy Marante	2928 Cascada Isles Way	<input type="checkbox"/> Add
		Cooper City, FL 33024	<input checked="" type="checkbox"/> Remove
MGRM	Freddy J. Medina	2928 Cascada Isles Way	<input type="checkbox"/> Add
		Cooper City, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Amended information should be effective since inception
of the Limited Liability Company on 12/12/2012.

Dated February 28, 2013

Signature of a member or authorized representative of a member

Nancy Marante

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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