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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Flox	da Medical & Name of Limi	OTC Supplies ted Liability Company	LLC
The enclosed Articles of	f Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Lawren	Name of Person	
	Florida Med	ical & OTC Sup Firm/Company	eplies LLC
	23441 Bu	Ittenfly Palm	2 Court
	_	City/State and Zip Code City/State and Zip Code O be used for future annual report not	433 dication)
For further information	concerning this matter, please ca	ill:	
Lawnence Name	Siege/ of Person	at (<u>561</u>) 251- Area Code Daytin	7270 te 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)	☐ S60.00 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

Horida medical d	CTIC SUPPLIES LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 2/300003050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	2019 AUG
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BOCA Raton, FL 33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23441 Buttently Palm CT Rora Rator, Fl 33433
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the
Name of New Registered Agent: Lawke	Buttently Palm CT
Bocal	Enter Florida dreet address A for Sip Code Enter Florida dreet address A for Sip 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
 _			
			□ Remove
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	8-16-19
	Signature of a member of all member
	Typed or printed name of signice

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