

L130000 77551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

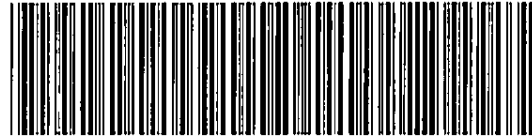
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A. HUNT

11/24/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/22/2024

Acc#I20160000072

en: c DW

Name:	One Home Medical Equipment, LLC
Document #:	
Order #:	15505646

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
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Amount: \$ **55.00**

Thank you!

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One Home Medical Equipment, LLC

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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>
	Daniel Kevin Feld	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Ralph Martin Wilson	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP,	Cassie L. Hoff	500 West Main Street	<input checked="" type="checkbox"/> Add
Strategy Advancement		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Lloyd Kirk Allen	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input checked="" 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

KANSAS STATE
OFFICE, FL

Page 1 of 2
2021 JAN 7:59 PM
ID

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

Officer title for Lloyd Kirk Allen has changed to "President, Home Solutions"

Officer title for Daniel Kevin Feld has changed to "Associate Vice President, Tax"

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TALLAHASSEE, FL

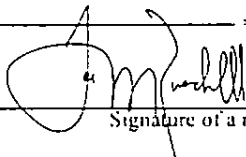
E. Effective date, if other than the date of filing: _____ (optional)

(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 April 22, 2024



Signature of a member or authorized representative of a member

Joseph Matthew Ruschell

Typed or printed name of signee

Filing Fee: \$25.00