

L13000172769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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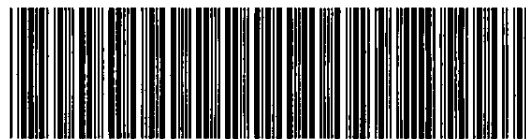
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAY 20 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions Medical Supply, 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:

Stacey Farkas
Name of Person

Solutions Medical Supply
Firm/Company

P.O. ^{Box} 121783
Address

Clermont FL 34712 1783
City/State and Zip Code

Stacey @ MedicalSupplies4Healthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Farkas at (352) 217 3915
Name of Person 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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Solutions Medical Supply, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
mgr	Raj Paul Singh	17307 Pagonia Rd 300	<input type="checkbox"/> Add
		Clermont Fl 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the date to January 15, 2014
of ~~original~~ Date of Filing. Legal Zoom
original was supposed to file
for that date.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 8, 2014.

Stacey Farkas

Signature of member or authorized representative of a member

Stacey Farkas

Typed or printed name of signer

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