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MAY 20 2014 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solutions Medical Supply, LLC Name of Limited Liability Company
TS: 7
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stacey Farkas
Solutions Medical Supply
Pirm/Company
P.O. 121783
Address
Clermont F1 34712 1783
City/State and Zip Code
Stacey @ Medical Supplies 4 Health care com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Stacey Farkas =1,352, 217 3915
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solutions Med	ical Supply, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LV3000 1727 109	were filed on December 14, 2013 and assigned.
This amendment is submitted to amend the following:	ility company here:
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Clermont FI 34711
Enter new mailing address, if applicable:	P.O. BOX 121783
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, F1 34717-1783
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
····	Ciry Zin 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 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 = 3	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
m <u>e</u> r	RajPaulsingh	Clermont Fl 34711 Remove
		Clermont El 34711 ARemove
		Add
		Remove
		Remove
		Add To Add To
		Remove 37
		Add
		Remove
		Remove

D. It amending any other information, enter change(s) here: (Attach adaitional sheets, if necessary.)
please change the date to January 15, 2014
of the Date of Filing, Legal 200m
original was supposed to file
For that Dato.
E. Effective date, if other than the date of filings (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
Istan Jans
Signature of Amember or authorized representative of a member
Stacey Farkas Typed or printed name of signee
Company of printed name of rights

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Filing Fee: \$25.00

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