

413 000 178245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

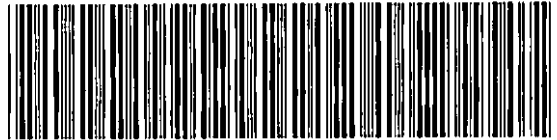
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/21--01007--009 **25.00

21 MAY 11 PM 3:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Pay w/e 5/7/21

April 29, 2021

ANTHONY H. SALCE, JR.
3415 RADIO ROAD, SUITE 108
NAPLES, FL 34104

RECEIVED MAY - 3 2021

SUBJECT: COVERALLSPORTS, LLC
Ref. Number: L13000178245

We have received your document for COVERALLSPORTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 621A00008964

RECEIVED
2021 MAY 11 AM 9:49
OFFICE OF THE
CLERK OF THE
SUPREME COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVERALLSPORTS, 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:

850-245-6500

Anthony H. Salce, Jr.

Name of Person

COVERALLSPORTS, LLC

Firm/Company

3415 Radio Road, Suite 108

Address

Naples, FL 34104

City/State and Zip Code

asalce@salcecompanies.com

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

For further information concerning this matter, please call:

Mark Lazar

Name of Person

at (239) 304-0990

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

NO \$
DB
21

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

COVERALLSPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 MAY 11 PM 3:39

The Articles of Organization for this Limited Liability Company were filed on December 31, 2013 and assigned
Florida document number L13000178245.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida


City

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 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

21 MAY 11 PM 3:39

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

Purchase all of the assets and inventory from divisions known as SafeWare and MedWare from Synapse

Therapeutics, LLC.

21 MAY 11 PM 5:39

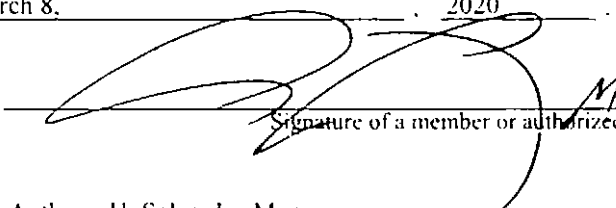
E. Effective date, if other than the date of filing: December 15, 2020 **(optional)**

(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 March 8, 2020


Signature of a member or authorized representative of a member

Anthony H. Salce, Jr., Manager

Typed or printed name of signee