## 114000123560

| (Re                     | questor's Name)     |           |
|-------------------------|---------------------|-----------|
|                         |                     |           |
| (Ad                     | dress)              |           |
|                         |                     |           |
| (Ad                     | ldress)             |           |
|                         |                     |           |
| (Cit                    | ty/State/Zip/Phone  | #)        |
| T PICK-LIP              | ☐ WAIT              | ☐ MAIL    |
| rioleor                 | L                   |           |
|                         |                     |           |
| (Bu                     | isiness Entity Name | e)        |
|                         |                     |           |
| (Do                     | ocument Number)     |           |
|                         |                     |           |
| Certified Copies        | _ Certificates      | of Status |
|                         |                     |           |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
|                         |                     |           |
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300288629173

08/09/16--01011--025 \*\*55.00



J. HARRIS

## **COVER LETTER**

| TO:     | Registration Se<br>Division of Cor |   |   |  |
|---------|------------------------------------|---|---|--|
| SUBJE   | C-CC                               | ipply Mall, LLC                                 |   |  |
| 170001  |                                    | Name of Lim                                     | ited Liability Company  |  |
|         |                                    | Amendment and fee(s) are sub                    | _   |  |
| Picase  | return all correspo                | ondence concerning this matter                  | to the following:   |  |
|         |                                    | Danielle Mandell                                |   |  |
|         |                                    |   | Name of Person  |  |
|         |                                    | Medical Supply Mall, LLC                        |   |  |
|         |                                    |   | Firm/Company  |  |
|         |                                    | P.O. Box 14545J                                 |   |  |
|         |                                    |   | Address   |  |
|         |                                    | Delray Beach, Florida 334                       | 84  |  |
|         |                                    |   | City/State and Zip Code   |  |
|         |                                    | E-mail address: (                               | to be used for future annual report notif                         | ication)   |
| For fur | ther information c                 | oncerning this matter, please ca                | all:  |  |
| Daniell | le Mandell                         |   | 561 496-1501  |  |
|         | Name o                             | f Person  | Area Code Daytime   | Telephone Number   |
| Enclose | ed is a check for th               | ne following amount:                            |   |  |
| □ \$25  | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| d Liability Compa<br>(A Florida Limited )   | ny as it now appears on<br>Liability Company)  | our records.)  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| ability Company   | were filed on August   | 6, 2014  | ar   | nd assig   | med  |
|   |  |  |  |  |  |
| wing:   |  |  |  |  |  |
| the limited liab  | llity company here:  |  |  |  |  |
| ords "Limited Liabil  | lity Company," the design  | ation "LLC" or th  | ahbreviati   | on "L.L.   | C."  |
| able:   | 4233 Southwest 11th  | Street   |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)                                   |  | rida 33442   | SE G   |  |  |
|   |  |  | <u> </u>   |  | 3 a  |
|   |  |  | 7) 2   | 6.   | ± 13+*   |
|   | P.O. Box 14545J  |  | #-<br>715.   |  | 7  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX) |  | 312  | 70   | Ö  |  |
| <del></del>   | Delray Beach, Florid   | la 33484   | ZA.  | 29   |  |
|   |  | r records, <u>ent</u>  | er the n   | ame_o  | f the ne   |
| fice address ber  | <u>e</u> :   |  |  |  |  |
| Danielle Mande  | ell  |  |  | ·  | <del> </del>   |
| 4233 Southwes   |  | tura de la disease   |  |  |  |
| Deerfield Beacl   |  |  | 33442  |  |  |
|   | City   | , FIOTIGA  |  | Code   |  |
|   | owing:  the limited liab ords "Limited Liabil able:  T ADDRESS)  or registered of fice address her  Danielle Mande 4233 Southwes | the limited liability company here:  ords "Limited Liability Company," the design able:  4233 Southwest 11th  TADDRESS  P.O. Box 14545J  Military Trail, Suite Delray Beach, Florid and the second of the address here:  Danielle Mandell  4233 Southwest 11th Street  Enter Florida second of the secon | registered office address on our records, enter florida street address  Deerfield Beach  Deerfield Beach  P.O. Box 14545J  Military Trail, Suite 312  Delray Beach, Florida 33484  Delray Beach, Florida 33484  Delray Beach, Florida 33484  Delray Beach, Florida 33484  Delray Beach, Florida 35484  Delray Beach, Florida 35484 | P.O. Box 14545J  P.O. Box 14545J  Military Trail, Suite 312  Delray Beach, Florida 33484  Delray Beach, Florida 33484 | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  able:  4233 Southwest 11th Street  Deerfield Beach, Florida 33442  P.O. Box 14545J  Military Trail, Suite 312  Delray Beach, Florida 33484  Or registered office address on our records, enter the name of fice address here:  Danielle Mandell  4233 Southwest 11th Street  Enter Florida street address  Deerfield Beach  Florida 33442 |

## 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.

Thanging 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

| Title                        | <u>Name</u>      | Address  | Type of Action |
|------------------------------|------------------|--|----------------|
| MGR                          | Jay Zipper       | 2511 NW 16TH LANE, BAY #6  |                |
|                              |                  | POMPANO BEACH, FL 33064  | ■ Remove       |
|                              |                  |  | ☐ Change       |
| MGR                          | DANIELLE MANDELL | P.O. BOX 14545J  | <b>⊒</b> Add   |
|                              |                  | MILITARY TRAIL, SUITE 312  | □ Remove       |
|                              |                  | DELRAY BEACH, FL 33484   | ☐ Change       |
|                              |                  | والمادة والمناولة والمراولة والمراولة المراولة المراولة المراولة المراولة والمراولة وا | □ Add          |
|                              |                  |  | Remove         |
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| gangangah adhadahahan anyang |                  |  | Add            |
|                              |                  |  | Remove Change  |
|                              |                  |  | Change         |
|                              |                  |  | Remove         |
|                              |                  |  | □ Change       |

| ctive date, if other than the date of filing:   | (optional)                                 |
|---|--|
| effective date is listed, the date must be specific and cannot be prior to date of filing or more than te. If the date inserted in this block does not meet the applicable statutory filing require | 90 days after filing.) Pursuant to 605.020 |
| ument's effective date on the Department of State's records.  |  |
|   | t 12:01 a.m. on the earlier o              |
| record specifies a delayed effective date, but not an effective time, a ne 90th day after the record is filed.  | ( zzjoż dilin di dię dejilo) d             |
| ne 90th day after the record is filed.  | <b>7</b>                                   |
| ne 90th day after the record is filed.  | SELT<br>TALLA                              |
| ne 90th day after the record is filed.  | nber S                                     |
| and August 4th, 2016.  Danille Manalell   | SELLAN<br>TALLAN                           |

Page 3 of 3

Filing Fee: \$25.00