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COVER LETTER

TO: Registration Section Division of Corpo			
SOUTHEA SUBJECT:	ST REGIONAL MED	ICAL SUPPLY, LLC	
	Name of Limi	ited Liability Company	
	mendment and fee(s) are sub-	-	
	MICHELLE GONZAI	LES	
		Name of Person	
		Firm/Company	
	1710 SEMINOLE PA	ALM DRIVE	
		Address	
	LAKE WORTH FL, 3		
	DUMONT561@GMA	City/State and Zip Code IL.COM	
	E-mail address: (t	to be used for future annual report notifica	tion)
For further information con	cerning this matter, please ca	all:	
JEANROBERT DUM	IONT	561 2223852	
Name of P	erson		elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEAST REGIONAL MEDICAL SUPPLY, LLC

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

	, , ,	
The Articles of Organization for this Limited Liability Compa	any were filed on 12/16/2014	and assigned
Florida document number L14000190975	my were med on	_ und ussigned
Florida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abb	reviation "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		e name of the new
registered agent and/or the new registered office address l	<u>here</u> :	l 192 →
		်င်ပြု ဟ
Name of New Registered Agent:		
	150	N Digwen
New Registered Office Address:	Enter Florida street address	
	27	नेत् 🚟 ति है है
	, Florida	υ α (***)
	tur f	≥Zip Cnide → G
New Registered Agent's Signature, if changing Registered Age	ent:	,
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of my duties, and I am far as provided for in Chapter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CFO	RICHARD DUMONT	623 SEA PINE WAY	Add
		GREENACRES FL, 33415	Remove
			□ Add
		· 	□ Remove
		·	
			□ Add
			15 EMN 12 AH SECRETARY OF
			S State S
	<u></u>		Add
			☐ Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	EFFECTIVE DATE OF ORGANIZATION 01/01/2015
(The	effective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	ed DECEMBER 22ND 2014
	hotel to
	Signature of a member or authorized representative of a member JEANROBERT DUMONT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIO