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TALLAHASSEE, FLORIDA

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LAW OFFICES OF CURTIS & ASSOCIATES PA

C. WILLIAM CURTIS III
JAIME COUNCIL
ROSE SHABO ALBERRE

FATIAHIVORY@CURTISFIRM.COM

September 1, 2015

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Rc: Articles of Amendment to Articles of Organization
National Medical and Dental Supply LLC
Document Number: L15000040225

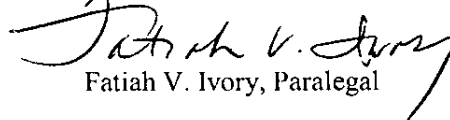
Dear Sir or Madam:

I have enclosed a check no. 2860 in the amount of \$25.00 representing the payment for filing the Articles of Amendment to Articles of Organization. I have also enclosed the Cover letter and the Amendment to Articles of Organization for First Coast Medical and Dental Supply LLC to be filed with the Florida Department of State.

Please return a copy of the filed Amendment to Articles of Organization to our office.

If you have any questions please call our office. Thank you.

Sincerely,



Fatiah V. Ivory, Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

NATIONAL MEDICAL AND DENTAL SUPPLY LLC

SUBJECT: _____
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:

C. WILLIAM CURTIS III

Name of Person

LAW OFFICES OF CURTIS & ASSOCIATES, P.A.

Firm/Company

701 MARKET STREET, UNIT 109

Address

ST. AUGUSTINE, FL 32095

City/State and Zip Code

irebeccanichols@gmail.com

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

For further information concerning this matter, please call:

C. WILLIAM CURTIS III

904 819-6959

at (_____) _____

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

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

NATIONAL MEDICAL AND DENTAL 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 Company were filed on March 4, 2015 and assigned
Florida document number L15000040225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIRST COAST MEDICAL AND DENTAL SUPPLY LLC

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)

135-1 CUMBERLAND PARK DRIVE

ST. AUGUSTINE, FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

135-1 CUMBERLAND PARK DRIVE

ST. AUGUSTINE, FL 32095

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>
AMBR	I. REBECCA NICHOLS	617 MCKENZIE OAK LANE	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

15 SEP - 11:54 PM
 ST. AUGUSTINE, FL 32095
 PH 354 261-1154

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

15 SEP - 4 PM 3:54
SECRETARY OF STATE
ALABAMA

E. Effective date, if other than the date of filing: _____ (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 AUGUST 28, 2015

Michael Ladd Nichols

Signature of a member or authorized representative of a member

MICHAEL L. NICHOLS

Typed or printed name of signee