

L15000174708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

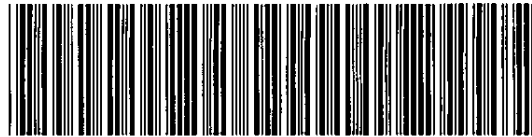
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273348969

08/17/15--01001--001 **55.00

RECEIVED
DEPARTMENT OF REVENUE
15 AUG 14 PM 3:34
TO: COMPTROLLER
SUFFICIENT OFFICE
FILED
15 AUG 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015

J SHIVERS

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

UNITED STATES MEDICAL SUPPLY, LLC

L15000134708

Thank you!

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☒ LLC	☐ Name Registration	
Amendment	☐ Fictitious Name	☐ UCC
☒ Certified Copy	☐ Photocopies	☐ CUS
Amendment Filing		
☐ Call When Ready	☐ Call If Problem	
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/14/2015

ST

Order#:
9661964

Ref#: _____

Amount: \$ _____

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

UNITED STATES MEDICAL SUPPLY, LLC

L15000134708

--

Thank you!

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☒ LLC	☐ Name Registration	
Amendment	☐ Fictitious Name	☐ UCC
☒ Certified Copy	☐ Photocopies	☐ CUS
Amendment Filing		
☐ Call When Ready	☐ Call If Problem	
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/14/2015

ST

Order#:
9661964

Ref#: _____

Amount: \$ _____

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

United States 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 Company were filed on August 10, 2015 and assigned
Florida document number L15000134708

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 end with 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

City

Florida

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

RECEIVED
AUG 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

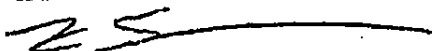
MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Zachary Schiffman	8260 NW 27th Street, Suite 401	☐ Add
		Miami, Florida 33122	☒ Remove
MGR	Zachary Schiffman	8260 NW 27th Street, Suite 401	☒ Add
		Miami, Florida 33122	☐ Remove
MGR	John Harroff	8260 NW 27th Street, Suite 401	☒ Add
		Miami, Florida 33122	☐ Remove
MGR	Camilo Horvilleur	8260 NW 27th Street, Suite 401	☒ Add
		Miami, Florida 33122	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (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 August 14, 2015



Signature of a member or authorized representative of a member

Zachary Schiffman

Typed or printed name of signer

FILED
15 AUG 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA