L15000174708

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UNITED STATES MEDICAL SUPPLY, LLC

L15000134708

Thank you!

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership **(X) LLC** **Amendment**	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) UCC
(X) Certified Copy **Amendment Filing**	() Photocopies	() CUS
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Name 8/14/2015 Order#:
Availability _____ **9661964**
Document **ST**
Examiner _____ Ref#: ___
Updater _____
Verifier _____
W.P. Verifier _____ Amount: $ ___

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UNITED STATES MEDICAL SUPPLY, LLC

L15000134708

Thank you!

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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:

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TALLAHASSEE, FLORIDA

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 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 Miami, Florida 33122	☐ Add ☒ Remove
MGR	Zachary Schiffman	8260 NW 27th Street, Suite 401 Miami, Florida 33122	☒ Add ☐ Remove
MGR	John Harroff	8260 NW 27th Street, Suite 401 Miami, Florida 33122	☒ Add ☐ Remove
MGR	Camilo Horvilleur	8260 NW 27th Street, Suite 401 Miami, Florida 33122	☒ Add ☐ 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 signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00