# L/600093986

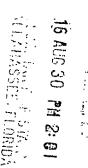
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JLKER

# **COVER LETTER**

	registration Sec Division of Corp			
SUBJECT		E MEDICAL SUPPLIES ANI	D SUPPORT, LLC	
SOLUTION	· ·	Name of Limi	ted Liability Company	
The enclos	sed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please retu	urn all correspor	ndence concerning this matter t	to the following:	
		GABRIEL A. GIL		
			Name of Person	
			Firm/Company	
		13412 SW 144 TERRACE		
			Address	
		MIAMI FLORIDA 33186		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	ıll;	
GABRIE	L A. GIL		786 767-1082	
	Name of	Person	at ()	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	0 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

FIRST CARE MEDICAL SUPPLIES AND SUPPPORT, 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  $\frac{05/12/2016}{1}$ and assigned Florida document number \_ L16000093986 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13412 SW 144 TERRACE Enter new principal offices address, if applicable: MIAMI, FLORIDA 33186 (Principal office address MUST BE A STREET ADDRESS) SAME Enter new mailing address, if applicable: (Muiling 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: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

. Florida

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>	Address	Type of Action
VP	HELAINE KREMER	10427 OLD CUTLER RD #105	Add
		CUTLER BAY, FL 33190	<b>≅</b> Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add.
			Remove  Change
			FLORIDA AGE
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		<del></del>	
			<del></del>
			_
			_ _
			<del>-</del>
			_
		1 / / ·	- 16 - 16
		SSE SE	AUG 30
		The second	- N ( )
E. Effec	ctive date, if other than the date of filing: 08/18/2016 (optional)	() A	© (N)
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	rsuant to 6 I not be li	105.0207 (3)(6 isted as the
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on he 90th day after the record is filed.	the ear	rlier of:
Date	d  Signature of a member authorized representative of a member		
	HELAINE KREMER		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00