L17000003451

(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



800294886428

02/02/17--01005--009 **25.00

FEB 03 2017 S. YOUNG 17 FEB -2 PM 3: 33

SECRETARY OF STATE TALLAHASSEE, FLORID!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FILCON TIC CONSTRUMENTICO Name of Limited Liability Company	al Sipplies, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bodden	
Firm/Company 1219 Lucaya drive Address City/State and Zip Code EMERFL & Yango Com E-mail address: (to be used for future annual report	1 950
For further information concerning this matter, please call:	
Name of Person at (954) 988 Area Code Da	ytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	☐ \$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

	Medical Supplies Invasit now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 1700000345</u>].	7.1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.IC."
Euter new principal offices address, if applicable:	801, Northpo	int Plrwy
(Principal office address MUST BE A STREET ADDRESS)	West Palm Bea	
•	33407	- 1 SET - 2 SET - 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
TO DESCRIPTION OF THE REAL PROPERTY OF THE PRO		
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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Raymond Shore	7900 Glades Rd, Bocalaton, FL 33439	tb Add
		Bocalaton, FL 3343	☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			□ Change
			T AND THE CREET
			Remove SECON
			Change FLORIDE
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

	•	
-		
		
		_
		
		-
		FEB S
		-2
_		PH 3:
		<u>ပ</u> ္
Note: If	e date, if other than the date of filing:	uant to 605.020 not be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other states are record is filed.	he earlier o
Dated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00