

L17000003451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

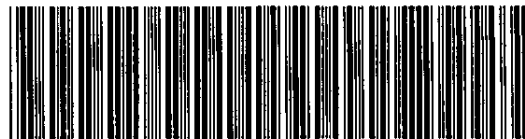
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC COASTAL MEDICAL SUPPLIES, LLC
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:

MARCAL BODDEN

Name of Person

Firm/Company

801 NORTHPOINT PKWY STE 6

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

MARCAL.BODDEN@ATLANTICCOASTALMEDICAL.COM

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

For further information concerning this matter, please call:

MARCAL BODDEN

Name of Person

at (561)

Area Code

880-1148

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**

ATLANTIC COASTAL MEDICAL SUPPLIES, 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 01/04/2017 and assigned Florida document number L17000003451.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

801 NORTH POINT PKWY STE 6
WEST PALM BEACH, FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 NORTH POINT PKWY STE 6
WEST PALM BEACH, FL 33407

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:

MARCAL BODWIN

New Registered Office Address:

801 NORTH POINT PKWY STE 6

Enter Florida street address

WEST PALM BEACH, Florida 33407

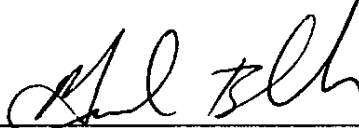
City

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



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TALLAHASSEE
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

Title	Name	Address	Type of Action
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MGR/AMBR	RAYMOND SHORE	7900 GLADYS RD	<input type="checkbox"/> Add
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		BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR/AMBR	DAMIAN BODDIN	1219 LUCAYA DRIVE	<input type="checkbox"/> Add
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		RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR/AMBR	BRANDON LANTZ	4900 S. Drexel Blvd	<input type="checkbox"/> Add
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		CHICAGO, IL 60615	<input checked="" type="checkbox"/> Remove
--	--	-------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR/AMBR	SHANITA CROCKETT	3162 CORAL SPRINGS DR	<input type="checkbox"/> Add
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		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

APT 6-207

MGR/AMBR	RAYMOND SHORE	7801 NORTH FEDERAL HWY	<input type="checkbox"/> Add
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		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

(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)

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.

Paul Blah

MARCEL BODDENE

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ST. LOUIS, MISSOURI
FBI