

L17000082584

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17 OCT 13 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/12/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOSPITAL BED CARE, LLC DBA HBC & Medical Supplies
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:

LISA COBB

Name of Person

HOSPITAL BED CARE, LLC

Firm/Company

1550 LATHAM ROAD, SUITE 6

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

sales@hospitalbedcare.com

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

For further information concerning this matter, please call:

Lisa Cobb

201 606-1585

at ()

Name of Person

Area Code

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**

HOSPITAL BED CARE, LLC

DBA HBC & Medical Supplies
(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 APRIL 12, 2017 and assigned
Florida document number L17000082584.

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)

1550 Latham Road
Suite 6
West Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6142 Sand Hills Cir
Lake Worth, FL 33463

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:

Lisa Cobb

New Registered Office Address:

1550 Latham Rd, Suite 6
Enter Florida street address

W. Palm Beach Florida 33409
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.

Lisa Cobb
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF 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>	<u>Address</u>	<u>Type of Action</u>
President	Lisa Cobb	1550 Latham Rd	<input type="checkbox"/> Add
		Suite 6	<input type="checkbox"/> Remove
		West Palm Bch, FL 33409	<input checked="" type="checkbox"/> Change <i>Change to this addr.</i>
		1550 Latham Rd	<input type="checkbox"/> Add
		Suite 6	<input type="checkbox"/> Remove <i>change to this address</i>
		West Palm Bch, FL 33409	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

October 10, 2017

Lee Cole
Signature of a member

Signature of a member or authorized representative of a member

218A CoBB

Typed or printed name of signee