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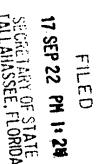
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S. WARREN SEP 2 5 2017

COVER LETTER

TO: Registration So Division of Cor		•	
	MEDICAL AND DENTAL SU	JPPLY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SEAN MICHNIEWICZ		
		Name of Person	
	PATRIOT MEDICAL AN	D DENTAL SUPPLY LLC	
		Firm/Company	····
	16850-112 COLLINS AVI	E #252	
	· · · · · · · · · · · · · · · · · · ·	Address	
	SUNNY ISLES BEACH, I	FL 33160	
		City/State and Zip Code	
	PATRIOTMDSUPPLY@G		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	ıll:	
SEAN MICHNIEWICZ		954 707-0881	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L17000174958	pany were filed on AUGUST 16, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company bere:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
Enter new mailing address, if applicable:	16850-112 COLLINS AVE #252	
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES BEACH, FL 33160	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 littled little company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

Page 1 of 3

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
AMBR	JOHN HARTSHORN	2393 S. CONGRESS AVE #119	∃ Add
		WEST PALM BEACH, FL 33406	Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			RESEP 2 PHEI 2 P
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			ORIDA Remove
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in effective da	e, if other than thate it is listed, the date m	ust be specific and	cannot be prior	o date of filing or	more than 90 day	(optional) 's after filing.) Pu	rsuant to	505.02
<u>ote:</u> If the d cument's ef	ate inserted in this lefective date on the	block does not n Department of S	neet the applica State's records	ble statutory fili	ng requirement	s, this date will	l not be l	isted a
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record cr	pecifies a delaye	ed effective o	date, but not	an effective	time, at 12:	01 a.m. on	the ear	rlier
TECUIU 3	day after the re				•			
			2017					
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The 90th o	MBER 15	My Signature of a 1	,	rized representativ	e of a member	TALLA	17 SE	
The 90th o	Se:		,	rized representativ	e of a member	SECRE IA TALLAHAS	17 SEP 2	<u>-1</u>
The 90th o	MBER 15 AN C MICHNIEW		member or autho	·	e of a member	TALLAHASSEI	17 SEP 22	FILE
The 90th o	Se:		member or autho	rized representativ	e of a member	SECRETARY OF STALLAHASSEE, FI	17 SEP 22 PM	FILED
The 90th o	Se:		member or autho	·	e of a member	TALLAHASSEE, FLOR	17 SEP 22 PM 1:	

Filing Fee: \$25.00