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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PATRIOT MEDICAL AND DENTAL SUPPLY 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:

SEAN MICHNIEWICZ

\_\_\_\_\_  
Name of Person

PATRIOT MEDICAL AND DENTAL SUPPLY LLC

\_\_\_\_\_  
Firm/Company

16850-112 COLLINS AVE #252

\_\_\_\_\_  
Address

SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

PATRIOTMDSUPPLY@GMAIL.COM

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

For further information concerning this matter, please call:

SEAN MICHNIEWICZ

954 707-0881

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN HARTSHORN	2393 S. CONGRESS AVE #119	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

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

[illegible]

**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 SEPTEMBER 15 2017

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

SEAN C MICHNIEWICZ

Typed or printed name of signee

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