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COVER LETTER

Tallahassee, FL 32314

	ation Secti of Corpo			
	72 ORAN	GE BLVD		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	icles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all c	correspond	ence concerning this matter	to the following:	
		MAX SAINTIL		
			Name of Person	
			Firm/Company	
		5233 NW 33RD AVE		
			Address	
		FORT LAUDERDALE, F	L 33309	
		mhs@emperiorcorp.com	City/State and Zip Code	
For further inform	nation cond	cerning this matter, please c	·	inneationy
MAX SAINTIL			772 2438443	
Name of Person				Firm/Company Address O9 //State and Zip Code sed for future annual report notification) 772 2438443 Area Code Daytime Telephone Number \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Enclosed is a chec	ck for the f	following amount:		
□ \$25.00 Filing	(Fee	■ \$30.00 Filing Fee & Certificate of Status		Certificate of Status &
	Address: ation Sec	ction		ection
Divisio	n of Cor	porations	Division of Co	orporations
P.O. Bo	ox 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	11111111		
	(A Florida Limited)	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Li Florida document number L17000176920	iability Company	were filed on 08/18/2017	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
AVANTECH MEDICAL EQUIPTMENT & SUPF	PLIES LLC		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	5233 NW 33RD AVE	
•		FORT LAUDERDALE	3.7
(Name of the Limited Liability Comp (A Florida Limited ne Articles of Organization for this Limited Liability Company orida document number L17000176920 nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liab VANTECH MEDICAL EQUIPTMENT & SUPPLIES LLC e new name must be distinguishable and contain the words "Limited Liab inter new principal offices address, if applicable: Irincipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent: MAX SAINTI	FLORIDA, 33309	()	
		•	(.)
Enter new mailing address, if applicable:		5233 NW 33RD AVE	
••	BOX)	FORT LAUDERDALE	
		FLORIDA, 33309	: β - ω

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.

City

FORT LAUDERDALE

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAX SAINTIL	5233 NW 33RD AVE	≣ Add
		FORT LAUDERDALE	□Remove
		FLORIDA, 33309	
			🗆 Add
			□ Remove
			□Change
			□Remove
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MAX SAINTIL

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lf an effe <u>Note:</u> 1		ted, the date serted in this	must be spec s block does	ific and cam s not meet	the applica	able statutor		han 90 days :		arsuant to 605.0 If not be listed	
e record rd is file		elayed effe	ctive date, h	out not an c	effective ti	me, at 12:0)	a.m. on th	ne earlier of	: (b) The 9	0th day after (the
	NOVEMBER	. 25TH		\ \P\	024	Λ					

Typed or printed same of signee