L17000183394

(Pa	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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BMF 11/14/17

COVER LETTER

CIID IE		d Medical Supply			
SUBJEC	-1 :	Name of Limited Liability Company			
The encl	osed Artic	of Amendment and fee(s) are submitted for filing.			
Please re	turn all co	spondence concerning this matter to the following:			
	Doug Mox Doug Mox				
		Name of Person			
		Preferred Medical Supply			
		Firm/Company			
		•			
		Coral Springs FL 33065	itus &		
For furth	er informa	on concerning this matter, please call:			
Doug M	ox	954 326-7696 at ()			
		ne of Person Area Code Daytime Telephone Number			
Enclosed	l is a checl	or the following amount:			
\$25.0	00 Filing I	Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy			

MAILING ADDRESS:

TO:

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

Preferred Medical Supply			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company	were filed on 8/28/17	and assigned	
Florida document number L17000183394			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10235 West Sample Road		
Principal office address MUST BE A STREET ADDRESS)	Suite 107		
	Coral Springs FL 33065	man of the second	
Enter new mailing address, if applicable:	10235 West Sample Road	建筑 夏 市	
Mailing address MAY BE A POST OFFICE BOX)	Suite 107	ि विकेट	
	Coral Springs FL 33065	11.7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor		
	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

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
			Add
			Remove
			☐ Change
			🗖 Add
			□ Remove
			☐ Change
			🗆 Add
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(If an effective date is lis Note: If the date ins	her than the date of filing:	oplicable statutory filing require		 vant to 605.020
document's effective	date on the Department of State's reco	ords.		
	es a delayed effective date, but fter the record is filed.	t not an effective time, at	: 12:01 a.m. on th	e earlier of
Dated	11/9 , 2-	2/7. authorized representative of a men		
	Signature of a member or	authorized representative of a men	ıber	

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Filing Fee: \$25.00