## L1800011002

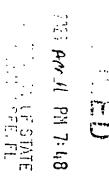
| (Re                     | equestor's Name)   |           |  |  |
|-------------------------|--------------------|-----------|--|--|
| (Ad                     | dress)             |           |  |  |
| (Ad                     | dress)             |           |  |  |
| (Cit                    | ry/State/Zip/Phone | #)        |  |  |
| <b>\</b>                | ,                  | •         |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                     | siness Entity Name | e)        |  |  |
|                         |                    |           |  |  |
| (Document Number)       |                    |           |  |  |
| (50                     | edition (Tamber)   |           |  |  |
| Certified Copies        | _ Certificates o   | of Status |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |
|                         |                    |           |  |  |
|                         |                    |           |  |  |
|                         |                    |           |  |  |
|                         |                    |           |  |  |
|                         |                    |           |  |  |
|                         |                    |           |  |  |
| L.,.                    |                    |           |  |  |

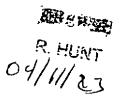
Office Use Only



900406105389

04/11/23--01015--009 ++25.00





## **COVER LETTER**

TO:

Registration Section Division of Corporations

|  | Med-Safety LLC                                  |  |   |
|--|---|--|---|
| ACBIECT.   | Name of Lin                                     | nited Liability Company  | <del> </del>  |
| The enclosed Articles o  | f Amendment and fee(s) are sub                  | omitted for filling.   |   |
| Please return all corresp  | oondence concerning this matter                 | to the following:  |   |
|  | Leighton O. McManus                             |  |   |
|  |   | Name of Person   |   |
|  | LMS Site Services LLC                           |  |   |
|  |   | Firm Company   |   |
|  | 31171 Turcky Oak Rd                             |  |   |
|  |   | Address  |   |
|  | Punta Gorda/FL 33982                            |  |   |
|  |   | City/State and Zip Code  |   |
|  | lomemanus@embarqmail.e                          | onı  |   |
|  | E-mail address: (                               | to be used for future annual report not  | itheation)  |
| For further information  | concerning this matter, please c                | all:   |   |
| Leighton McManus   |   | 941 661-9802<br>at ()  |   |
| Name of Person   |   | Area Code Daytin   | ne Telephone Number   |
| Enclosed is a check for  | the following amount:                           |  |   |
| □ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                    | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address:<br>Registration So<br>Division of Co<br>The Centre of<br>2415 N. Monro | rporations  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Logisites Med-Safety LLC (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 01/11/2018 \_\_\_\_\_ and assigned Florida document number L19000011002 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LMS Site Services LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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 |
|--------------|-------------|-------------|----------------|
|              |             |             |                |
|              |             |             | □Remove        |
|              |             |             | □ Change       |
|              |             |             | □Add           |
|              |             |             | □ Remove       |
|              |             |             | □Change        |
|              |             |             |                |
|              |             |             | LIRemove       |
|              |             |             | □Change        |
|              |             |             |                |
|              |             | -           | □Remove        |
|              |             | <del></del> | UChange        |
|              |             |             |                |
|              |             |             | ⊟Remove        |
|              |             |             |                |
|              |             |             |                |
|              |             |             | □Remove        |
|              |             |             | □Change        |

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

document's effective date on the Department of State's records.

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 af ord is filed.

Dated

Output

Dated

Signature of a pember or authorized representative of a member

Leighton O McManus

Typed or printed name of signee