618000059032

(F	Requestor's Name)
(/	Address)
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	Document Number)
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J. LEGGETT APR 0 3 2018

COVER LETTER

TO: Registration Se Division of Cor								
	STERN DME 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	ndence concerning this matter	to the following:						
		Name of Person						
1	SOUTHEASTERN DME							
		Firm/Сопфану						
	200 INDIAN RIVER DRI	VESTE 300						
		Address						
	FORT PIERCE, FL 34950							
		City/State and Zip Code						
	pam@qpihealthcareservices		***					
		to be used for future annual report no	tification)					
For further information co	oncerning this matter, please ca	all:						
PAM SEYMOUR		772 9711600 at ()						
Name o	f Person	Area Code Daytii	ne Telephone Number					
Enclosed is a check for th	ne following amount:							
S25.00 Filling 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)					
Regis n Divis o P.O. He	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Burkling						
Tallah	issee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEASTERN DME 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 $\frac{03/06/2018}{}$ _____ and assigned Florida document number L18000059032 This amendment it submitted to amend the following: A. If amending rame, enter the new name of the limited liability company here: 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

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 Amhorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =			
AMBR =	Autho	rized	Member

<u>Title</u>	<u>kame</u>	Address	Type of Action
MGR	REINALDO WILSON	29 JACKS COURT	■ Add
		RICHMOND GA 31324	☐ Remove
			Change
MGR CF	CPI HEALTHCARE SERVICES (111 N 2ND STREET	Add
		FORT PIERCE, FL 34950	
			☐ Change
			□ Add
			Remove
			Change
			Add
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d					18									
Rem	lelo	Wilson												
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REINA	LDO WI	LSON		Lype	d or prim	ed name	of signee						_	
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Fifing Fee: \$25.00