## <u> 118000/5/258</u>

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

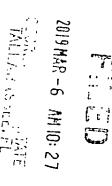
Office Use Only



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R. WHITE MAR 1 4 2019



## **COVER LETTER**

	Registration Sec Division of Corp			
oun ma		ADVISORS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	<del> </del>
		Amendment and fee(s) are sub-		
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Fortune Dernier		
		DERNIER ADVISORS LLC	Name of Person	
			Firm/Company	<del></del>
		PO BOX 8036	TimeCompany	
		Fort Lauderdale , FL 33310	Address	
		fortunedernier@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ea	all:	
Fortune	Dernier		954 439-8341 at ()	
	Name o	t Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
□ <b>\$</b> 25.0	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:

TO:

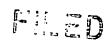
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



DERNIER ADVISORS LLC

2019 HAR - 6 AH 10: 27

The Articles of Organization for this Limited Liability Company were filed on 06/20/2018 Florida document number L18000151258 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ryte Medical Equipment, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ryte Medical Equipment.LLC Enter new mailing address, if applicable: PO BOX 8036 (Mailing address MAY BE A POST OFFICE BOX) Fort Lauderdale, FL 33310 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
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			☐ Remove
			☐ Change
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Effective date, if other to fan effective date is listed, the	than the date of filin	ng:	data of tiling as gaven the	(optional)	unt to 605 0201
Note: If the date inserted document's effective date	in this block does not	meet the applicab	le statutory filing requ	tirements, this date will no	ot be listed as
ne record specifies a The 90th day after			an effective time,	at 12:01 a.m. on th	e earlier o
March 4th		2019	_		
Dated			5 /)		
	( )	$Y \rightarrow Y$			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00