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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	eal Equipment LLC	•	•	
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Fortune Dernier			_
		Name of Person		
	Ryte Medical Equipment I	LLC		-
		Firm/Company		_1 53
	PO BOX 8036			2022 JUL 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Address		
	Fort Lauderdale, FL 33310)		25
		City/State and Zip Code		-
	fortunedernier@gmail.com		·/A	2: 10
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	girication)	C
Fortune Dernier		954 256-5544 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	r
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration S Division of Co		
P.O. Box 632	2.7	The Centre of	Tallahassee oe Street, Suite 8	810
Tallahassee,	CL 34314	±713 [4. 1410III	Juliani, Dano	-

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)					
The Articles of Organization for this Limited Liability Company lorida document number L18000151258	were filed on <u>06/20/2018</u>	and assigned				
This amendment is submitted to amend the following:						
a. If amending name, enter the new name of the limited liab	ility company here:					
Dernier Enterprises LLC						
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	Dernier Enterprises LLC					
Principal office address MUST BE A STREET ADDRESS)	950 South Pine Island Road Suite	A-150 🔆 😤				
rincipal office dadress most be a street most beginning	Plantation FL 33324					
	Dernier Enterprises LLC	1.25				
Inter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)	PO BOX 8036 Fort Lauderdale,FL 33310					
						
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new regist				
New Registered Office Address:	Enter Florida street address					
	, Flori	da				
		Zip Code				

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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