## 118000174807

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	<del>- ·</del>
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
000	moss Emily non	,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



600320080176

10/29/18--01007--011 \*\*25.00

O SIMMONS NOV 1 3 2018

## **COVER LETTER**

IO: Registration Se Division of Cor				
THE GOOI	O SAMARITAN DME, LLC			
TOBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		HELMY K GHALY		
		Name of Person		
		Firm Company		
		BOSO E BAY DR - STE 41	13	
		Address	<del></del>	<del></del>
		LARGO, FL 33771		
	!	City/State and Zip Code HAP1010@YAHOO.CQ		<del></del>
	E-mail address: ()	to be used for future annual	report notification	on)
For further information c	concerning this matter, please ca	all:		
	M GHALY	813 at () Area Code	475-4015	
Name c	of Person	Area Code	Daytime Tek	ephone Number
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GOOD SAMARITA:	N DME, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we lorida document number	ere filed on	7/20/2018	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Lumited Liability	Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u></u>
Principal office address MUST BE A STREET ADDRESS)			;- <u></u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			-
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on	our records, ento	er the name of the
Name of New Registered Agent:			
New Registered Office Address:	P 1.9	ida street address	
	rmer r lor	iaa sireet attaress	
		, Florida	Zıp Code
	e ny		хир соис

## 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

Title	<u>Name</u>	Address	Type of Action
	ELIJAH DEMETRIOUS	195 IRWIN ST	
MGRM			<b>=</b> Add
		SAFTEY HARBOR, FL 34695	
			Remove
			Change
<del></del>			
			□ Remove
			© □ Change
			• ;
			Add
			(C
			☐ Remove
			3
			☐ Ghange
			D Add
			Remove
			Change
			Add
			☐ Remove
			LI Remove
			Change
			Change
			☐ Remove
			☐ Change

				<del>-</del>
				<del></del>
				<del></del>
			<u>. , . ,</u>	<u>~~~~~</u>
				2
				:20 ;
		<del></del>		9
				- F2 .
			••	2: 1
				— <del>, (</del>
fective date, if other than the da	te of filing:		(optional)	
n effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prior	to date of filing or more that able statutory filing red	ian 90 days after filing.) Pu mirements, this date wil	rsuant to 605.02 Lnot be listed
cument's effective date on the Depa	rtment of State's records.			
record specifies a delayed e	ffective date, but no	t an effective time	, at 12:01 a.m. on	the earlier
The 90th day after the record	I is filed.			
OCTOBER 25TH	2018			
ted	<del></del> ,	·		
. /	11	<del></del> _	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00