

48000182071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

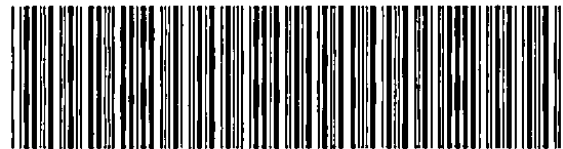
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200319729692

10/17/18--01002--010 **2

2018 OCT 15 AM 10:54

2018 OCT 15 AM 10:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MD Medical Supply, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C Zorzi

Name of Person

MD Medical Supply

Firm/Company

15095 63rd Pl N

Address

Loxahatchee FL, 33470

City/State and Zip Code

Michael.Zorzi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael.zorzi@yahoo.com

561

596-2028

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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**

MD Medical Supply, 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 07/30/2018 and assigne
Florida document number L18000182071.

This amendment is submitted to amend the following:

A. If amending name, 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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael C Zorzi

New Registered Office Address:

15095 63rd PL N

Enter Florida street address

Loxahatchee

City

Florida 33470

Zip Code

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| CFO | Ashley Mendosa | 15095 63rd PL N Loxahatchee FL, 33470 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Michael C Zorzi | 15095 63PL N LOXAHATCHEE, FL 33470 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Dated 9/oct, 2018

and C. 3₂

Signature of a member or authorized representative of a member

Michael C. Zorzi

Typed or printed name of signee