## 118000184452

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RECEITANY OF SHAFE ALLAHASSEE, FLORINGS
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## **COVER LETTER**

TO: Registration Se Division of Cor					
LIGHTHO SUBJECT:	USE MEDICAL SUPPLY LL	c			
3000CT.	Name of Lin	nited Liability Company	<del>.</del>		
	Amendment and fee(s) are sub	C			
Please return all correspo	Ondence concerning this matter CHRISTINA PAWLAK	to the following:			
		Name of Person			
	N.DIXIE HWY, STE 154	Firm/Company		18 1ALL	
Address BOCA RATON, FL 33432				SEP 20 Allassee	
	CHRISTINA PAWLAK	City/State and Zip Code to be used for future annual report notifi		PN 5: 13 A STATE FLORIDA	Ō
For further information c	concerning this matter, please c	·		⊳‴ ω	
CHRISTINA PAWLAK		561 215-5067			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific			e of Status &	
MAIL	ING ADDRESS:	STDFFT/CAUDII	D ANNDRSS.		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTHOUSE MEDICAL SUPPLY, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	e filed on AUGUST 1, 2018	and assigned
Florida document number L18000184452		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>₹</b> ⊘ <b>→</b>
(Principal office address MUST BE A STREET ADDRESS)		<b>8</b>
		SEP TI
		FILE EP 20 P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		0; <b>5</b>
	1	DA Z
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>-</del>	Florida	
	City	Zin 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 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
MGR	PAUL WARREN	1700 N. DIXIE HWY, STE 114	
	-		<b>=</b> Add
		BOCA RATON, FL 33432	
			Remove
			□ Change
MGR	NICHOLAS ALBERINO	1700 N. DIXIE HWY, STE 114	Change
		BOCA RATON, FL 33432	
			Remove
			Change
			SS #
			Remove
-			FLORIDA
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ffective date, if other than the date of filin	09/17/2018		4.			
Iffective date, if other than the date of filing an effective date is listed, the date must be specific an Note: If the date inserted in this block does not locument's effective date on the Department of	id cannot be prior t meet the applica	o date of filing or i ble statutory fili	nore than 90 days	optional) after filing.) Po , this date wil	irsuant t l not be	o 605.02 e listed
e record specifies a delayed effective The 90th day after the record is filed		an effective	time, at 12:	01 a.m. on	the e	arlier
Dated SEPTEMBER 17.	2018					
Signature of a	member or author	rized representativ	e of a member			_

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Filing Fee: \$25.00