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Amend

APR 0 2 2019

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FAMILY	Medical Equators of Limited Liability Company	ipment LCC
The enclosed Articles of Amendment and fee	(s) are submitted for filing.	
Please return all correspondence concerning	his matter to the following:	
	hristina Paw Name of Person	
$-\mathcal{R}_{x}$	Licensing +	Accred.
10294	Wellington Added	Parc DR.
ulil	City/State and Zip Code rap@pharm/ic il addfess: (to be used for future annual re	33449
Christi E-ma	rape pharm ic il addfess: (to be used for future annual re	ensing. com port notification)
For further information concerning this matter	er, please calt: Ak at (541) 2 Area Cody	
Enclosed is a check for the following amount	:	
\$25,00 Filing Fee \$30.00 Filing Certificate of		S60.00 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

Family Ma	check Easis	ment L	10
(<u>Name of the I fimited Liab</u> (A Flori	ility Company as it now appears in ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000 2406</u>		1 1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	ation "L1.C" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)	. <u>.</u>	
Enter new mailing address, if applicable:			37
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	5
B. If amending the registered agent and/or reg	istered office address on our	records, enter the	name of the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:	_		
New Registered Office Address:			
	Enter Florida su	reet address	
-		, Florida	
	City	7	lip 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:

		Remove
		Change
		Remove
		Change
		Remove
		Change
<u>_</u>	 	
		Remove
		Change

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ctive date, if other that effective date is listed, the d :: If the date inserted in	this block does not	t meet the applicable	late of filing or more	(opti than 90 days afte equirements, thi	i onal) r filing.) Pursuant to e s date will not be l	505.0207 isted as (
ment's effective date on	the Department of	State's records.	, , , , , , , , , , , , , , , , , , , ,	4		
ecord specifies a de	elayed effective	date, but not a	n effective tim	e, at 12:01	a.m. on the ea	rlier of:
e 90th day after th		J.				
d March	_/8	2019		<u> </u>		
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		~ ~ ~ ~ ~	ed representative of			

Page 3 of 3

Filing Fee: \$25.00