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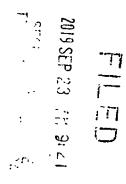
(Requestor's Name)	
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PICK-UP WAIT MAII	L
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		EDICAL SUPPLY LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Francesco Mamone		
			Name of Person	
		ALPHA MEDICAL SUPP	PLY LLC	
			Firm/Company	
		11737 W Atlantic Blvd, A	pt #1	
			Address	
		Coral Springs, FL 33071		
			City/State and Zip Code	<del></del>
		finamone67@gmail.com	to be used for future annual report notif	(uniform)
For furt	her information ed	oncerning this matter, please ca		icanviij
Frances	sco Mamone		n 954 383-	0702
	Name of	Person	at ( <u>954</u> ) <u>383-</u> Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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

ALPHA MEDICAL SUPPLY LLC		
( <u>Name of the Limi</u>	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
he Articles of Organization for this Limited L	iability Company were filed on $\frac{01}{2}$	28/2019 and assigned
lorida document number L19000028314		
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name o	of the limited liability company he	<u>·re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<del>,</del>
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on	our records, enter the name of the
Name of New Registered Agent:	Francesco Mamone	
New Registered Office Address:	1700 N DIXIE HWY STE 153	
	Enter Flor	ada street address
	BOCA RATON	, Florida 33432
	City	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 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
MGRM	KING, COLTON	5722 LAKE GEORGE PL	
		LAKE WORTH, FL 33463	■ Remove
			Change
MGR	Francesco Mamone	11737 W Atlantic Blvd, Apt #1	<b>■</b> Add
		Coral Springs, FL 33071	☐ Remove
			□ Change
			Add
			Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be pr lock does not meet the app	ior to date of filing or more the dicable statutory filing rec	han 90 days after filing.) Pursuant	
the record specifies a delaye ) The 90th day after the rec		not an effective time	e, at 12:01 a.m. on the o	earlier of:
Dated September 19th	2019			
. 1	$\overline{\wedge}$	<u></u> ፡ ላ		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00