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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Guardian DME 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:
Christing Pawlak Name of Person RX Licensing + Accred Firm/Company 10294 Wellington Parc Dr Address Wellington 7/33449 (City/State and Zip Code
E-mail address: (tope used for future annual report notification).
For further information concerning this matter, please call: (Mr154:na aw ak at (561) 215 5067 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filin

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**

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1900048455	on $\frac{02/(9/2019)}{2019}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	
Enter new principal offices address, if applicable:	2019 51.6
(Principal office address MUST BE A STREET ADDRESS)	C: S •====
	
	S
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	r² ω
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
En	er rioriaa street aadress
City	Florida
New Registered Agent's Signature, if changing Registered Agent:	Dy Clar
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>	Name	Address	Type of Action
AMBR	Ardrzej Szygiel	Ywo N Federal Huy	
AMBR Andrzej Szygie	_	Boca Raton FL 33487	Remove
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-	any other intormation, enter change(s) here. (Anden danhoma sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 11.209
	Signature of a member of authorized representative of a member
	0 -1
	" 1 . V C C

Page 3 of 3

Filing Fee: \$25.00