## L190000 48455

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(City/State/Zip/Phone #)	
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## **·COVER LETTER**

	Registration Se Division of Cor					
SUD IEC	Guardian D					
SUBJEC	T:	Name of Limi	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please ret	turn all correspo	ndence concerning this matter t	to the following:			
		Adrian Kozel				
		<del></del>	Name of Person			
		Guardian DME LLC				
			Firm/Company	<del></del>		
	7601 N Federal Hwy Ste. 165B					
		Address				
		Boca Raton, FL 33487				
		City/State and Zip Code				
		adrian@guardiandme.com		<u>.</u>		
		E-mail address: (t	to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please ca	all:			
Adrian K	Kozel		415 743-0131 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for t	ne following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	OF		<u></u> ,
Guardian DME LLC			20
( <u>Name of the Limi</u>	ted Liability Company as i (A Florida Lunited Liabilit	t now appears on our records.) y Company)	and assigned
			产
The Articles of Organization for this Limited L	iability Company were	filed on $\frac{02/19/2019}{}$	and assigned
Florida document number L19000048455			
This amendment is submitted to amend the foll	lowing:		4.5
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co.	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE			
Timepar office data case 2001 22			
	·····		
Catan name mulling address. if applicables			
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>	
B. If amending the registered agent and/or	marietawad affias uddres	we an aur raparde antar tha	name of the new registers
agent and/or the new registered agent and/or		ss on our records, enter the	name of the new registere
Name of New Registered Agent:	Adrian Kozel		
New Registered Office Address:	7601 N Federal Hwy	Ste. 165B	
		Enter Florida street address	
	Boca Raton	. Florid	la <u>33487</u>
		ïty	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 th 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adrian Rosly	7601 N Federal Hwy	
		Ste. 165B	<b>≡</b> Remove
		Boca Raton, FL 33487	□Change
MGR	Adrian Kozel	7601 N Federal Hwy	<b>=</b> Add
		Ste. 165B	□Remove
		Boca Raton, FL 33487	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
<del></del>			□Add
			Remove
			□ Change

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	03/11/2020
E <b>ffec</b> It an ef	tive date, if other than the date of filing:(optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
147 1	
	A 1
	Ach a L
Datec	Signature of a member or authorized representative of a member