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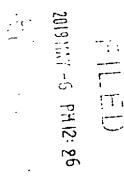
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## **COVER LETTER**

	Name of Limi	ted Liability Company	
d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
n all correspon	ndence concerning this matter t	to the following:	
	FRANCY JOHNSON NIN	0	
		Name of Person	
		Firm/Company	
	17180 ROYAL PALM BLY	VD STE 3	
	WESTON, FL 33326	Address	
	_		
· . <b>c</b>			cation)
IOHNSON NI	NO	at ()	
Name of	Person	Area Code Daytime	Telephone Number
a check for th	e following amount:		
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)
	information colonial OHNSON NI	Name of Limi and Articles of Amendment and fee(s) are subran all correspondence concerning this matter to FRANCY JOHNSON NIN  17180 ROYAL PALM BLY  WESTON, FL 33326  JNINO@ASSETSLEADER  E-mail address: (to information concerning this matter, please can IOHNSON NINO  Name of Person  a check for the following amount: Filing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  FRANCY JOHNSON NINO  Name of Person  Firm/Company  17180 ROYAL PALM BLVD STE 3  Address  WESTON, FL 33326  City/State and Zip Code  JNINO@ASSETSLEADER.COM  E-mail address: (to be used for future annual report notificinformation concerning this matter, please call:  IOHNSON NINO  Name of Person  a check for the following amount:  Filing Fee  \$30.00 Filing Fee & \$555.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

GLOBAL MEDICAL ASSETS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{03}{2}$	11/2019	_ and assigned
Florida document number <u>L19000068550</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l 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 abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	i <u>s)</u>		<u>1</u>
			99
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			FN 12:
			72:
			1.07
B. If amending the registered agent and/or register		our records, enter th	e name of the nev
registered agent and/or the new registered office address	s nere:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		ma.	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of at as provided for in C	my duties, and I am far Thapter 605, F.S. Or, if	niliar with and this document is

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	DIANA BAQUERO	17180 ROYAL PALM BLVD	
		STE 3	
			■ Remove
		WESTON, FL 33326	
			Change
			<b>5</b>
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			<b></b>
			☐ Remove
			☐ Change
			O Change
			☐ Remove
			☐ Change

	05/02/2019
(If an e <u>Note</u> :	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MAY 02 / 2019
2-11131	
	Signature of a member or authorized representative of a member
	7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00