## 119000091644

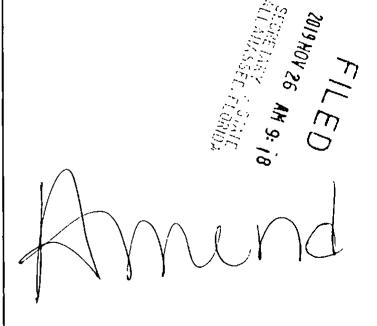
|   | uestor's Name)      |         |  |  |
|---|---------------------|---------|--|--|
| (Rec                                    | (destors Nattie)    |         |  |  |
|   |                     |         |  |  |
| (Add                                    | lress)              |         |  |  |
|   |                     |         |  |  |
| (Address)                               |                     |         |  |  |
|   |                     |         |  |  |
| (City                                   | /State/Zip/Phone    | - #)    |  |  |
| (Oit)                                   | rotate/2/p// florie | , ;     |  |  |
| PICK-UP                                 | TIAW [              | MAIL    |  |  |
|   |                     |         |  |  |
| (Bus                                    | siness Entity Nam   | ne)     |  |  |
|   |                     |         |  |  |
| (Doc                                    | cument Number)      |         |  |  |
| ,                                       | ,                   |         |  |  |
|   | O . A'S             | -f Ot-1 |  |  |
| Certified Copies Certificates of Status |                     |         |  |  |
|   |                     |         |  |  |
| Special Instructions to F               | Filing Officer.     |         |  |  |
|   |                     |         |  |  |
|   |                     |         |  |  |
|   |                     |         |  |  |
|   |                     |         |  |  |
|   |                     | i       |  |  |
|   |                     |         |  |  |
|   |                     |         |  |  |
| Special Instructions to F               | Filing Officer.     |         |  |  |

Office Use Only



500337425995

11/26/19--01007--000 \*\*35.00



JAN 0 8 2020

**I ALBRITTON** 

## **COVER LETTER**

| Division of Corporations                            |  |  |
|---|--|--|
| JBJECT: <u>CLCLC</u>                                | H Medical Suppliame of Limited Liability Company         | ies, LLC   |
| ne enclosed Articles of Amendment and fee(          | (s) are submitted for filing.                            |  |
| ease return all correspondence concerning th        | nis matter to the following:                             |  |
|   | D. Pawlak<br>Name of Person                              | ·  |
| -RX-1   | ICPOSING + ACC   | red  |
| 1029  | 4 Wellington to  | arc De   |
| $-\omega$   | 211 Poton FL 33<br>Paty/State and Zip Code               | 449  |
| Christ<br>E-mail                                    | I address: (to be used for future annual report notifica | CENSING, COM   |
| or further information concerning this matter       | ; please call:   |  |
| Christinate<br>Name of Person                       | au (Sol) 2155<br>Area Code Daytime T                     | SOG Pelephone Number   |
| nclosed is a check for the following amount:        |  |  |
| S30.00 Filing Fee S30.00 Filing F<br>Certificate of |  | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section               | Street Address:<br>Registration Secti                    | on   |

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

**Registration Section** 

**)**;

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CAAH ME   | ted Liability Compa (A Florida Limited | any as it now appe<br>Liability Company | ars on ohr records.)             | <u> </u>             |               |
|---|--|---|----------------------------------|----------------------|---------------|
| e Articles of Organization for this Limited L<br>rida document number             | Liability Company                      | were filed on C                         | A/03/20                          | <u>D19</u> and a     | ssigned       |
| s amendment is submitted to amend the fol   | lowing:                                |   |                                  |                      |               |
| If amending name, enter the new name of   | of the limited liab                    | ility company l                         | <u>ıere</u> :                    |                      |               |
| new name must be distinguishable and contain the                                  | words "Limited Liabi                   | lity Company," the                      | designation "LLC" or             | r the abbreviation " | L.L.C."       |
| ter new principal offices address, if applic                                      | cable:                                 |   |                                  |                      |               |
| incipal office address MUST BE A STREE  | ET ADDRESS)                            |   |                                  |                      |               |
| ter new mailing address, if applicable:<br>ailing address MAY BE A POST OFFICE    | <u>BOX)</u>                            |   |                                  | SECULATIVE SECONDARY |               |
| If amending the registered agent and/or in and/or the new registered office addre | registered office a<br>ss here:        | address on our                          | records, <u>enter the</u>        | name of the          | ew repistered |
| Name of New Registered Agent:   | <u> Fr</u>                             | eddy                                    | T. Gr                            | reserv               |               |
| New Registered Office Address:  | 1975                                   | t Súr                                   | inisebl                          | 10 # 5               | <u> </u>      |
|   | Ft. Co                                 | Enter Flo<br>City                       | orida street address COC. Florid | da 330<br>Zip Code   | 14            |

v Registered Agent's Signature, il changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability uponly has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

4BR = Authorized Member

Le Name Address Type of Action

GCONLH (L. FL. 3307/4) Xecmove

Ange

□ Remove

□Remove

□Change

\_\_\_\_\_ □Change

| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|---|
| Due to a Stock purchase   |
| 100% of stack holder shares   |
| are now owned by treddy   |
| Lewin Gresely   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| <del></del>   |
|   |
|   |
|   |
|   |
|   |
| Effective date, if other than the date of filing: $\frac{1121209}{11200000000000000000000000000000000000$   |
| If an effective 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 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records.   |
| 20 record enecifies a delayed effective date, but ask as effective time at 12 of  |
| ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:<br>The 90th day after the record is filed.  |
| Dated $NOV_{A}$ $OOI9$  |
|   |
| Signature of a member or authorized representative of a member  |
|   |
| Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00