

L19000119427

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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JILL A. HASSLER (T. 08107)

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILLENNIAL MEDICAL SUPPLIES & EQUIPMENT LLC**

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Electronic Filing Menu

Corporate Filing Menu

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M. SOLOMON

MAR 13 2023

2023 MAR 10 10:35:50
Jill Hassler
Secretary of State
T. 08107

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millennial Medical Supplies and Equipment 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 Company were filed on 05/09/2019 and assigned
Florida document number L19000119427.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alexey Lopez Puentes

New Registered Office Address:

7815 SW 24th St Ste 105

Enter Florida street address

Miami

City

Florida 33155

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.

x clm
If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mariana Szajko	7815 SW 24th St Ste 105	☐ Add
		Miami, FL 33155	☒ Remove
			☐ Change
AMBR	Alexey Lopez Puentes	7815 SW 24th St Ste 105	☒ Add
		Miami, FL 33155	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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SECRETARY OF STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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) if an effective date is listed, it must meet the applicable statutory filing requirements; this date will not be listed as the date of filing.

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.

If the record 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 record is filed.

Dated March 8th, 2023

X *[Signature]*

Signature of a member or authorized representative of a member

Alexey Lopez Puentes

Typed or printed name of signee

Filing Fee: \$25.00