119000131007

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COVER LETTER

	gistration Sect ision of Corpo		•	,			
SUBJECT:	Address Char	nge AOI - Med Supply US, L	LC				
SUBJECT		Name of Limited Liability Company					
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.				
Please return	all correspond	lence concerning this matter	to the following:				
		George Coloney IV					
Name of Person							
Med Supply US							
			Firm/Company				
		313 NE 2nd st #1005					
		Address					
		Fort Lauderdale, FL 33301 City/State and Zip Code					
		gciv95@gmail.com					
		E-mail address: (t	o be used for future annual re	port notification)			
For further is	iformation con	cerning this matter, please ca	11:				
George Colo	oney		954 6041 at ()				
	Name of P	erson	Area Code	Daytime Telepho	ne Number		
Enclosed is a	check for the	following amount:					
■ \$25.00 1 ⁵	iling 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)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Car ED

2019 AUG -2 PM 5: 42

Med Supply US, LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000131007</u> .	were filed on 05/15/2019 and assigned
This amendment is submitted to amend the following:	
(Name of the Limited Liability Company as it now appears on our records.) (A Horida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 05/15/2019 and assigned orida document number 119000131007 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." there new principal offices address, if applicable: principal office address MUST BE A STREET ADDRESS) fort Lauderdale, FL 33304 If amending the registered agent and/or registered office address on our records, enter the name of the new eigstered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	913 North Federal Highway
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33304
Enter new mailing address, if applicable:	913 North Federal Highway
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33304
registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	
	City 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.

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
		·	
			Change
			Remove
			Change
			□ Remove
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			Change
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			Remove
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Effortive data if other than	July	31, 2019				
Effective date, if other than (If an effective date is listed, the dat	e must be specific and cannot	be prior to c	late of filing or m	iore than 90 days	optional) after filing.) Purs	uant to 605.0207
Note: If the date inserted in the document's effective date on t	us block does not meet the	: applicable	statutory filin	g requirement	s, this date will r	not be listed as i
	·					
the record specifies a dela) The 90th day after the	ayed effective date, t	out not a	n effective t	ime, at 12:	01 a.m. on tl	ne earlier of
,	, coord to made		/			
Dated	2019)	. //	/ /		
			- // /	/ _		
	Signature of a member	or authorie		00		
	rightage of a method	or audiorize	u epresentative)		
George Coloney			l	*		

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Typed or printed name of signee

Filing Fee: \$25.00