

19000252289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

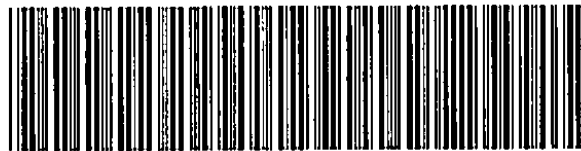
(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

At customer request
1/24/2020
Added Manager title to
Amendment Form
per Customer.

Office Use Only



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01/13/20--01034--003 **25.00

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JAN 24 2020

2020 JAN 13 PM 12:40

Amad
N/a

COVER LETTER

Registration Section
Division of Corporations

EFFECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

I return all correspondence concerning this matter to the following:

Tiva Jenkins
Name of Person

Firm/Company

17066 NW 15th St
Address

Pembroke Pines, FL 33028
City/State and Zip Code

tivajenkins@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiva Jenkins at (954) 804-7011
Name of Person Area Code Daytime Telephone Number

I am sending a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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

Andlex Medical Equipment, LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/09/2019 and assigned
the document number L-19000-252289.

Amendment is submitted to amend the following:

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

Andlex Enterprises, LLC

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

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS

17066 NW 15th St
Pembroke Pines, FL 33028

new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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
understand 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

= Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R Julio Hasquary	17466 NW 15 th St	<input checked="" type="checkbox"/> Add
	Pembroke Pines, FL 33028	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

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)

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.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated

January 6, 2020

Signature of a member or authorized representative of a member

Tiva Jenkins

Typed or printed name of signee