

L19000237704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

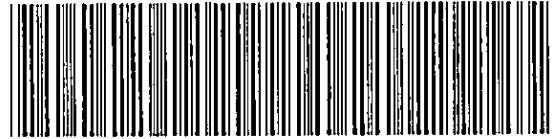
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 APR -1 PM 1:40
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TALLAHASSEE, FLORIDA

2020 APR -1 AM 9:30
O SIMMONS
APR 02 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LEGACY MEDICAL SUPPLY LLC

Signature _____

Requested by: Seth

03/31/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Legacy Medical Supply LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael Gomez

Name of Person

Legacy Medical Supply LLC

Firm/Company

10101 W Sample Rd Ste 108

Address

Coral Springs, FL 33065

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gomez

954 932-0069
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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**

Legacy Medical Supply 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 10/14/2019 and assigned
Florida document number L19000257704.

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:

Michael Gomez

New Registered Office Address:

10101 W Sample Rd Ste 108

Enter Florida street address

Coral Springs

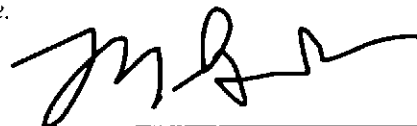
City

Florida 33065

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 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>	<u>Address</u>	<u>Type of Action</u>
AR	Schnuer, Jason	11171 Heron Bay Blvd	<input type="checkbox"/> Add
		Apt 4223	<input checked="" type="checkbox"/> Remove
		Coral Springs, FL 33076	<input type="checkbox"/> Change
AR	Kohler, Ryan	9415 NW 3rd St	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Rodriguez, Robert	12288 NW 69th Ct	<input type="checkbox"/> Add
		Parkland, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Gomez	10101 W Sample Rd	<input checked="" type="checkbox"/> Add
		Ste 108	<input type="checkbox"/> Remove
		Coral Springs, FL 33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
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 10. What are the appendices?
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2020 APR - 1 MAY 9:30

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.

Dated March 31 2020


Signature of a member or authorized

Signature of a member or authorized representative of a member

Michael Gomez

Typed or printed name of signee

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Michael Gomez

954

932-0069

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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