

L19000259997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

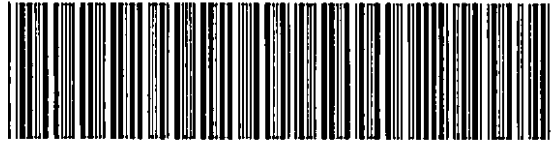
(Business Entity Name)

(Document Number)

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2020 OCT 20 PM 11:38

C.C.

OCT 07 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Update Articles of Organization Rapid DME 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:

Evan Parra, MGR

Name of Person

Rapid DME LLC

Firm/Company

8130 Glades Rd #276

Address

Boca Raton, FL 33434

City/State and Zip Code

rapiddme@gmail.com

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

For further information concerning this matter, please call:

Evan Parra

954

5438-7557

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 Address:

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**

Rapid DME LLC

2020 AUG 20 AM 11:38

(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 10/16/2019 and assigned
Florida document number L19000259997.

This amendment is submitted to amend the following:

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

Rapid Home Medical LLC

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

Enter new principal offices address, if applicable:

7901 4th St N

(Principal office address MUST BE A STREET ADDRESS)

STE 300

St. Petersburg, FL 33702

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	2020 AUG 20 AM 11:38	<u>Type of Action</u>
AMBR	Evan Parra	4613 N University Dr 412		<input type="checkbox"/> Add
		Coral Springs, FL 33076		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Summary of Changes: Change Name from Rapid DME to Rapid Home Medical LLC 07/20 AUG 20 AM 11:38

Change Principal Address to: 7901 4th st N STE 300 St. Petersburg, FL 33072

Update Title to: AMBR, Authorized Member

E. Effective date, if other than the date of filing: 07/27/2020 **(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.

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 July 27th

2020

Signature of a member or authorized representative of a member

Evan Parra

Typed or printed name of signer