120000082716

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Q. SILAS MAK 02 2022		

Office Use Only



800381828148

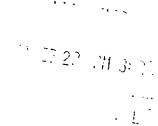
02/22/22--01034--011 **30.00

COVER LETTER

	Registration So Division of Cor			
		CARE DISTRIBUTION LLC		
SUBJEC	TT:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LAN MOND		
			Name of Person	
		HEATHCARE DISTRIBU	JITON LLC	
			Firm/Company	
		181 ORANGE TREE DR.		
			Address	.
		ATLANTIS, FL 33462		
	City/State and Zip Code			
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual reportable	t notification)
LAN MO		, manual product	 516 998-618	38
			at ()	
	Name o	if Person	Area Code Da	sytime Telephone Number
Enclosed	is a check for the	he following amount:		
☐ \$25.I	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration !		Street Addres Registration	
	Division of C	Corporations	Division of	Corporations
	P.O. Box 632 Tallahassee,			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HEALTHCARE DISTRIBUTION 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 $\frac{\text{March 16, 2020}}{\text{March 16, 2020}}$ __ and assigned Florida document number ______1.20000082716 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TLC DEPOT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 181 ORANGE TREE DR. Enter new principal offices address, if applicable: ATLANTIS, FL 33462 (Principal office address MUST BE A STREET ADDRESS) 181 ORANGE TREE DR. Enter new mailing address, if applicable: ATLANTIS, FL 33462 (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: LAN MOND Name of New Registered Agent: 181 ORANGE TREE DR. New Registered Office Address: Enter Florida street address ATLANTIS

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

). If amending any other					
Currently 7	LCDEPOT LI	C Was	recistered	as fictition	s name
to Health	Cure Distribus ndment is f t LLC as a l	tion LLC	<i></i>		
This ame	ndment is t	for the	sole purpos	se of chang	e.
TIC DIPA	t 11 C 46 2	neitened	business	10 m 0	
122 Jugo	LLC WO WI) 174.20	2007 (C97	runce:	
		<u> </u>	<u> </u>	 .	
		- ,			
			-		
	 -				
	<u>-</u>				.
	_	<u> </u>			
					
_		<u> </u>			 -
	than the date of filing: _ e date must be specific and can in this block does not meet on the Department of State	the applicable stat	filing or more than 90 utory filing requirer	(optional) days after filing.) Pursuan nents, this date will not	to 605.0207 (3 be listed as the
he record specifies a delaye ord is filed.	d effective date, but not an o	effective time, at 1	2:01 a.m. on the cur	lier of: (b) The 90th da	ay after the
FEB.18	2	:022			
Dated					
	(Sociales				
	Signature of a mem	iner or authorized rej	oresentative of a memb	ĸı	
LAN MOND					·
	Tve	ped or printed name	of signee		