

L2 00000 87355

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(Address)

(Address)

(City/State/Zip/Phone #)

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05/05/20--01015--008 **25.00

2020 MAY 11 1:12

R. WHITE

MAY 20 2020

TO: Registration Section
Division of Corporations

SUBJECT: WORLDMED SUPPLIES, 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:

ELINA LEE FRIEDSBERG

Name of Person

WORLDMED SUPPLIES, LLC

Firm/Company

2913 TORTOLA WAY

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

ELINA@WORLDMEDSUPPLIES.COM

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

For further information concerning this matter, please call:

ELINA LEE FRIEDSBERG

850

586-3617

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

TO
ARTICLES OF ORGANIZATION
OF

WORLD MED SUPPLIES, LLC

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

2020 -5 PM 1:12

The Articles of Organization for this Limited Liability Company were filed on 23 MARCH 2020 and assigned Florida document number L20000087355.

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 "L.L.C."

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:

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELINA LEE FRIEDSBERG	1051 S UNIVERSITY BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELINA LEE FRIEDSBERG	1051 S UNIVERSITY BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW A. STROPES	14293 NW 19TH STREET	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUSTIN A. REESE	1051 S UNIVERSITY BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACOB JACOMINE	309 MADEWOOD DR	<input checked="" type="checkbox"/> Add
		DESTREHAN, LA 90047	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: APRIL 29 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

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 28

2020

Signature of a member or authorized representative of a member

ELINA LEE FRIEDSBERG

Typed or printed name of signee