## L200000 87355

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Office Use Only



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R. WHATE MAY 2 0 2020

WORLDM SUBJECT:	IED SUPPLIES, ELC	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELINA LEE FRIEDSBER	G	
		Name of Person	
	WORLDMED SUPPLIES	. LLC	
		Firm Company	
	2913 TORTOLA WAY		
	_	Address	<del> </del>
	HOLLYWOOD, FL 3302-	•	
		City/State and Zip Code	<del></del>
	ELINA@WORLDMEDSU		
	E-mail address: (	to be used for future annual report	notification)
For further information c	concerning this matter, please c	all:	
ELINA LEE FRIEDSBE	ERG	850 586-3617 at ()	7
Name o	ri Person	Area Code Day	rtime Telephone Number
Enclosed is a check for t	he 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 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre of	Section Corporations of Tallahassee proc Street, Suite 810

Registration Section Division of Corporations

TO:

## TO ARTICLES OF ORGANIZATION **OF**

ac. -E P! 1:12 WORLDMED SUPPLIES, LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co Florida document number L20000087355	ompany were filed on 23 M	MARCH 2020 and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	cords, <u>enter the name of the new re</u> c
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la street address
	· · · · · · · · · · · · · · · · · · ·	, Florida
		Ziv Code
New Registered Agent's Signature, if changing Registered	City	239. Com

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>	Address	Type of Action
AMBR	ELINA LEE FRIEDSBERG	1051 S UNIVERSITY BLVD	<u> </u>
		PLANTATION, FL 33324	□Remove
			□Change
MGR	ELINA LEE FRIEDSBERG	1051 S UNIVERSITY BLVD	<b>≡</b> Add
		PLANTATION, FL 33324	∐Remove
MGR	MATTHEW A. STROPES	14293 NW 19TH STREET	£JAdd
		PEMBROKE PINES, FL 33028	<u></u> ≝Remove
			Change
AMBR	JUSTIN A. REESE	1051 S UNIVERSITY BLVD	<b>=</b> Add
		PLANTATION, FL 33324	□Remove
			L'Change
AMBR	JACOB JACOMINE	309 MADEWOOD DR	≣Add
		DESTREHAN, LA 90047	□Remove
			□Change
			⊒Add
			□Remove
			\( \times Change

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