120000 87560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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04/06/20--01008--018







April 17, 2020

GEOVANI URBINA 1061 WEST 45 PL HIALEAH, FL 33012

SUBJECT: CARESOURCE MEDICAL SUPPLIES LLC

Ref. Number: L20000087560

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00008112

Querida R Moore Regulatory Specialist II

Div	ision of Co	rporations			
CHD INCT.		IRCE MEDICAL SUPPLIES I	LC		
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		GEOVANI URBINA			
			Name of Person		
		GEOVANI URBINA			
			Firm/Company		
		1061 WEST 45 PL			
			Address		
		HIALEAH, FL 33012			
			City/State and Zip Code		
		bmachine2020@gmail.com	to be used for future annual re	nort notification)	
For further in	nformation c	oncerning this matter, please c		por nomication,	
GEOVANI			786 486-	1250	
	Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a	check for tl	ne following amount:			
≡ \$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &
	iling Addres		Street Add Registrat	I <u>ress:</u> ion Section	
Div	ision of C	orporations	Division	of Corporations	
P.C	D. Box 632	:7	The Cent	re of Tallahassee	

TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20201 -- -4 PM 12: 29

CARESOURCE MEDICAL SUPPLIES 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 Compar	ny were filed on March 23, 2020 and	d assigned
Florida document number 1.20000087560		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation	n " ₹ .C." \
Enter new principal offices address, if applicable:		X
(Principal office address MUST BE A STREET ADDRESS)		1 = 35
	<u> </u>	** - *** *** • ***
		89 - 13
Enter new mailing address, if applicable:		<u>Σ</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ode :
New Registered Agent's Signature, if changing Registered Ager	·	
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this capacity. I further agree to c te performance of my duties, and I am familia s provided for in Chapter 605, F.S. Or, if this c	r with and document is
1677	nanging 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GEOVANI URBINA	1061 WEST 45 PL HIALEAH, FL 33012	=Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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If an effective date is I Note: If the date ir	other than the date of filing:
e 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
rd is filed.	
Dated APRIL 27	2020
	, E 11
	Signature of a member or authorized representative of a member AUAN SULAN

Filing Fee: \$25.00