

LZO 0000 92961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

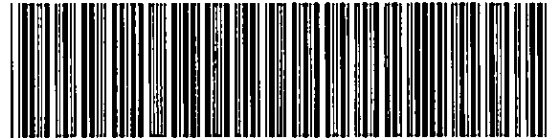
(Business Entity Name)

(Document Number)

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7/23/2011 8 PM 5:50

C. GOLDEN

JUN 23 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDICAL Devices and Equipment 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:

CHRISTINA PAWLAK

Name of Person

RX LICENSING + ACCRED.

Firm/Company

10294 WELLINGTON PARC DR

Address

WELLINGTON FL 33449

City/State and Zip Code

CHRISTINA.D@PHARMLICENSING.COM

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

For further information concerning this matter, please call:

CHRISTINA PAWLAK

Name of Person

at (561)

Area Code

215 5067

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

Medical Devices and Equipment LLC  
(Name of the Limited Liability Company as it ~~now~~ appears on our records.)  
(A Florida Limited Liability Company)

2020 JUN -8 PM 5:50

The Articles of Organization for this Limited Liability Company were filed on 03/30/2020 and assigned Florida document number L20000092961.

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 "LLC."

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:

MAURIZIO ROSARIO PERRONE

New Registered Office Address:

6801 LAKE WORTH RD 331

Enter Florida street address

Green Acres

City

Florida

33467

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.*

M. Perrone  
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>	<u>Type of Action</u>
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MGR	Alexandria Fiala	6801 Lake Worth #331	<input type="checkbox"/> Add
		Green Acres FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Maurizio Rosario Perrone	6801 Lake Worth #331	<input checked="" type="checkbox"/> Add
		Green Acres FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Alexandria FIALA sold 100%  
shares to MAURIZIO ROSARIO PERRONE

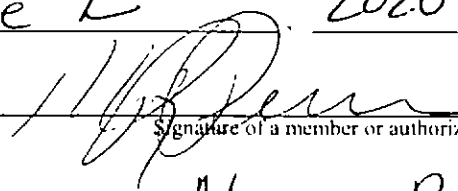
E. Effective date, if other than the date of filing: June 2 2020 (optional)

(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 June 2, 2020

  
Signature of a member or authorized representative of a member

MAURIZIO ROSARIO PERRONE  
Typed or printed name of signee

Filing Fee: \$25.00