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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Durable Supplies 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:
Name of Person
- RX LICENSING & ACCREC
10294 Wellington Fare De
Christing De Drain I Censing, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christing Dawlak at (561) 2155067  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Durable Supplies	
(Name of the Limited Lability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2000 9970.	were filed on 3 30 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	5700 Luke Worth Rd #208 Greenacres FL 33463
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5700 Lake Worth Rd #208 Green acres FL 334163
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	င်း T
<del> </del>	Enter Florida street address Florida
	City Zip Coes
New Registered Agent's Signature, if changing Registered Agent-	

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.

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

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
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			□Remove
			□Change
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cord specifies a de s filed.	layed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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	Signature o	of a member or author	rized representative of	a member	