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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACE MEDICAL SUP	PLY LLC			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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		Ì		RA Resignation
				Dissolution / Withdrawal
		ļ		Annual Report / Reinstatement
				Cert. Copy
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				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth	04/02/20			UCC 1 or 3 File
	04/03/20			UCC 11 Search
Name	Date	Time		UCC Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

Division of Cor			
SUBJECT:	ACE MEDI Name of Limite	CAL SUPPLY ed Liability Company	4 FFC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Jason S	Name of Person	
	ACE MED	Firm/Company	4 LLC
	11/11 Haror	Bay Blud, AC	+ 4973
	(11) in a di (a)	SILL 330 Code SURPLY CODE De used for future annual report notific	(000000). (isono 000)
For further information of	concerning this matter, please ca	11:	
Juson S	of Person	at (754) 718 Area Code Daytime	2928 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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE MEDIO	CAL	51	NOGT,	J F	/(
(<u>Name of the Limited Lial</u> (A Flor	bility Compan rida Limited L	y as it n iability C	ow appears on (company)	our records.		207	
The Articles of Organization for this Limited Liability Florida document number <u>しょんのもつの 1345</u>	v Company v	were fil	ed on	1/01/	1026	and assig	ned
This amendment is submitted to amend the following	:						ş e . Şere
A. If amending name, enter the new name of the li						10:36	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "I	imited Liabili	ty Comp	any," the design	ation "LLC"	or the abbrev	iation "L.L.(
Enter new principal offices address, if applicable:	narce.	10	101 W	PAC (JULE ON SO	RD	17
(Principal office address MUST BE A STREET AD	<u>UKESS)</u>	<u></u>	PEOLOGIA	BROLF	33	76.2	 /
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	!	10 5	101 L 1E 319	SA, C000	MÔTE D ZÓU	R D) <u>L, B</u> SS
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ddress	on our recor	ds, <u>enter t</u>	he name o	f the new	registered
Name of New Registered Agent:			<u> </u>				
New Registered Office Address:	0101	W	SAM Enter Florida s	reet address	RD	STE	319
<u>C</u>	<u> </u>	SON	ing 5	, Flo	rida	30 C Zip Coxle	,5_

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 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
<u> FNBF</u>	Jason Schnuer	10101 W SLMQLE RD	□Add
		57E 319, COSAI SOSING	
		FL, 33065	ÎDChange
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(If an effect Note: If	e date, if other the ive date is listed, the the date inserted it's effective date of	date must be spec n this block doe	citic and c s not me	annot be pri	licable stat				ing.) Pursuar		
the record s cord is filed	specifies a delayed l.	effective date,	but not a	n effective	time, at I	2:01 a.m. (on the earli	ier of: (b)	The 90th d	lay after	the
Dated	ARGN 44		·	30	<u>10</u> .						
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		Signatu	ire of a me	CT)			of a membe	er			

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACE MEDICAL SUCPLY 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:
Jason Schnills Name of Person
ACE MEDICAL SUPPLY LLC
11111 Hason Bay Blud, Apt 4223
Coral Springs, 1-L, 33076 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 918 2928 Area Code Daytime Telephone Number
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

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