## L200000100137

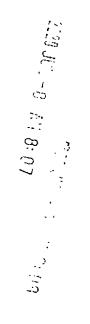
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July 7, 2020

CAPITAL CONNECTION INC

SUBJECT: MT MEDICAL SUPPLIES LLC

Ref. Number: L20000100139

We have received your document for MT MEDICAL SUPPLIES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

PAGE 3 MISSING WHICH IS THE SIGNATURE PAGE.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00013151

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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

MT MEDICAL SUI	PPLIES LLC		
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·			Art of Inc. File
			LTD Partnership File
		} .	Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
		ļ	Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	<del> </del>		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: Seth	07/07/20		UCC 1 or 3 File
	07/07/20		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier
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## **COVER LETTER**

stration Sec sion of Corp	ction porations			
		nited Liability Company		<del></del>
Articles of A	Amendment and fee(s) are su	bmitted for filing.		
	Thomas Kuenzler			
		Name of Person	<del></del>	<del></del> -
	MT Medical Supplies LL	c		
		Firm/Company	<del></del>	
	3350 NW 2nd Avenue, St	rite A34		
		Address		<del></del>
	Boca Raton, FL 33431-66	78		
	haba@ul "	City/State and Zip Code	<del>,</del>	-
		to be nead the father -		<del></del> -
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zler			5847	
Name of I	Person	Area Code	Daytime Telepho	one Number
heck for the	following amount:			
ng Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>Street Addr</u> Registratio	ress: on Section	
	rporations	Division o	of Corporatio	
	. 32314			- · -
	Articles of Articl	Articles of Amendment and fee(s) are sultil correspondence concerning this matter.  Thomas Kuenzler  MT Medical Supplies LL.  3350 NW 2nd Avenue, St.  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( bormation concerning this matter, please of the following amount:  Ing Fee S30.00 Filing Fee & Certificate of Status  By Address: ( caracteristic at a concerning to the following amount:  Thomas Kuenzler  MT Medical Supplies LL.  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter, please of the following amount:  Thomas Kuenzler  MT Medical Supplies LL.  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  correspondence concerning this matter. ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  bobs@mbcii.com  E-mail address: ( correspondence concerning this matter)  Boca Raton, FL 33431-66  Boca Raton,	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Ill correspondence concerning this matter to the following:  Thomas Kuenzler  Name of Person  MT Medical Supplies LLC  Firm/Company  3350 NW 2nd Avenue, Suite A34  Address  Boca Raton, FL 33431-6678  City/State and Zip Code  bobs@mbcii.com  E-mail address: (to be used for future annual report and the following amount:  at (	MT Medical Supplies LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Ill correspondence concerning this matter to the following:  Thomas Kuenzler  Name of Person  MT Medical Supplies LLC  Firm/Company  3350 NW 2nd Avenue, Suite A34  Address  Boea Raton, FL 33431-6678  City/State and Zip Code  bobs@mbcii.com  F-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:  der  Set 1 S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Dep Address:  tration Section  for of Corporations  Box 6327  Street Address: Registration Section Division of Corporation  The Centre of Tallahas  The Centre of Tallahas  The Centre of Tallahas  The Centre of Tallahas  The Centre of Tallahas

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF COMBUTE SERVICES 197

MT Medical Supplies LLC

(Name of the Limited Liability Company as it now appears on our records.)	
The state of the s	
(A Florida Limited Liability Company)	

y were filed on April 9, 2	and assigned
bility company here:	
bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
3350 NW 2nd Avenue,	Suite A34
Boca Raton, FL 33431-	-6678
<del>-</del>	
address on our records	enter the name of the new registered
Enter Florida stree	et address
	, Florida
	Zip Code
te performance of my du provided for in Chapte	ty. I further agree to comply with the ties, and I am familiar with and r 605, F.S. Or, if this document is firm that the limited liability
	2350 NW 2nd Avenue, Boca Raton, FL 33431-  Boca Raton, FL 33431-  Enter Florida stree  City  City  Gree to act in this capacite performance of my dues provided for in Chapte.

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>	Address 2020 JUL - 8 AM 8:	$f(\widehat{g})$ Type of Action
AMBR	Michael F Kuenzler	1620 Fenton Drive, Delray Beach, FL 33445	🖸 Add
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can effective date is fisted, the date i Note: If the date inserted in this	block does not meet the applicable s	tatutory filing requirements, this da	te will not be listed as
locument's effective date on the	Department of State's records.		
record specifies a delayed effect	tive date, but not an effective time, a	(12:01 a.m. on the earlier of: (b)	The 90th day after the
d is filed.			
Dated	2020		
Thomas Kungler			
	Signature of a member or authorized	representative of a member	
There is M. P I .	Authorized Member		
i nomas w Kuchžiei	ALGENOTIZEG PICHIDEL		

Filing Fee: \$25.00