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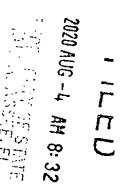
(Requestor's Name)
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CAPITAL CONNECTION, INC.

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

				
Liberty Medical Supp	ly LLC			
	<u> </u>			
· · ·				Art of Inc. File
		i		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				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				Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by: SETH	07/31/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Maille	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	Liberty Me	edical Supply, LLC			
30132		Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub	•		
		Harold McBean			
			Name of Person		
		Liberty Medical Supply,	LLC		
	Firm/Company				
	101 N US HWY 1, Suite 209				
			Address		
		FT. PIERCE, FL 34950			
		City/State and Zip Code HMCBEANDME@GMAIL.COM			
		E-mail address: (to be used for future annual report notification)			
For furt	her information c	oncerning this matter, please ca	all:		
HARO	LD MCBEAN		754 210-1123		
	Name o	f Person		Telephone Number	
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY MEDICAL SUPPLY, LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Company were filed on May 12, 2020 Florida document number L20000128172				
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 designati	ion "LLC" or the abbrev	riation "L.L.C.	
Enter new principal offices address, if applicable:	le: 101 N. US HWY 1			
(Principal office address MUST BE A STREET ADDRES	S) SUITE 209	<u></u>	20	
	FT. PIERCE,FL 34	950	2020 AUG	
Enter new mailing address, if applicable:	101 N. US HWY 1	24 24	F - 5	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 209	(7) S	至 口	
	FT. PIERCE, FL 349)50 Tişt	<u> </u>	
Name of New Registered Agent:	s here:			
New Registered Office Address:				
New Registered Office Address.	Enter Florida stre	et address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Reg	<u>ent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my du t as provided for in Chapte	ities, and I am fami er 605, F.S. Or, if th	iliar with a his docume	
Īſ	Changing Registered Agent, Si	enature of New Registr	ered Agent	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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E. Effective date, if other than the		(optional)
		or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
document's effective date on the D		
If the record specifies a delayed (b) The 90th day after the rec		ve time, at 12:01 a.m. on the earlier
(o) The sounday area and rec	0.0 10 10.00	
Dated	2020	
<u>Harold Mibeau</u>	Signature of a member or authorized representa	
	Signature of a member or authorized representa	ative of a member
HAROLD MCBEAN		
	Typed or printed name of signs	· · · · · · · · · · · · · · · · · · ·

D. If afficienting any other information, effect change(s) here. (Affact additional sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00