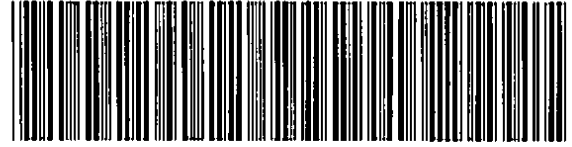


L20000 145409



600350377086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

08/18/20--01032--024 **30.00

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D. BRUCE
OCT 04 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gateway Medical Supply, 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:

Uche Ukeagu
Name of Person
Gateway Medical Supply, LLC
Firm/Company
5351 Costa Del Sol Drive
Address
City/State and Zip Code
Saint Cloud, FL 34771
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Uche Ukeagu at (**954**) **415-5931**
Name of Person Area Code 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**

Gateway Medical Supply, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 28, 2020 and assigned Florida document number L20000145409.

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 "L.L.C."

Enter new principal offices address, if applicable:

1108 New York Ave

(Principal office address MUST BE A STREET ADDRESS)

Unit 1

Saint Cloud, FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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: _____

New Registered Office Address: _____

1108 New York Ave Unit 1

Enter Florida street address

Saint Cloud

, Florida

34769

City

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.

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> |
|--------------|----------------|--------------------------|--|
| MGR | Lemmie Nelson | 1108 New York Ave Unit 1 | <input type="checkbox"/> Add |
| | | Unit 1 | <input type="checkbox"/> Remove |
| | | Saint Cloud, FL 34769 | <input checked="" type="checkbox"/> Change |
| MGR | Carina Nelson | 1108 New York Ave Unit 1 | <input type="checkbox"/> Add |
| | | Unit 1 | <input type="checkbox"/> Remove |
| | | Saint Cloud, FL 34769 | <input checked="" type="checkbox"/> Change |
| MGR | Rebecca Ukeagu | 1108 New York Ave Unit 1 | <input type="checkbox"/> Add |
| | | Unit 1 | <input type="checkbox"/> Remove |
| | | Saint Cloud, FL 34769 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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 TALLAHASSEE, FL
 2020 APR 18 PM 5:03
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 AUG 18 PM 9:33
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (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 August 14 2020

Signature of a member or authorized representative of a member

Ulche Ukeagu

Typed or printed name of signee