

(shown below) on the top and bottom of all pages of the document.

(((H21000021277 3)))



H210000212773ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROPER MEDICAL SUPPLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JAN 19 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to LLC Articles of Organization of

PROPER MEDICAL SUPPLY LLC	
The Articles of Organization for this Limited Liability Company were filed 0.5/28/20 and assigned Florida document number L20000145638	d on
This amendment is submitted to amend the following:	
PLEASE CHANGE OWNERSHIP AND REGISTERED AGENT FOR PROPER M	EDICAL
SUPPLY LLC	
FROM HENRY SANABRIA JR TO CATHERINE BREWER	
SAME ADDRESS AND TITLE WILL ALSO BE AMBR	<i>y</i> ,
	455 110 200
	- S - S - S - S - S - S - S - S - S - S
These articles of amendment were adopted onDEC 12th 2020	
Dated 01/13/2021	
#///	
Signature of a member or authorized representative of a member	
HENRY SANABIRA JR  Typed or printed name of signee	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligation.	ions of the
Signature of New Registered Agent, if changing	