

K20 0000 162 185

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

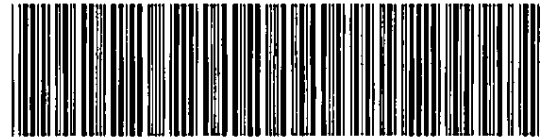
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 FEB -7 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FL

January 25, 2022

FEDERICO GRULLON  
1150 NW 72ND AVE.  
SUITE 760  
MIAMI, FL 33126

SUBJECT: MEDICAL ESSENTIAL SUPPLY  
Ref. Number: L20000162185

We have received your document for MEDICAL ESSENTIAL SUPPLY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 522A00001880

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDICAL ESSENTIAL SUPPLY**

\_\_\_\_\_  
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:

FEDERICO GRULLON

\_\_\_\_\_  
Name of Person

MEDICAL ESSENTIAL SUPPLY

\_\_\_\_\_  
Firm/Company

1150 NW 72ND AVE, SUITE 760

\_\_\_\_\_  
Address

MIAMI, FL 33126

\_\_\_\_\_  
City/State and Zip Code

FGRULLON@CHRONO.COM.DO

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL ARTY

305 592-9954  
at ( )

\_\_\_\_\_  
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

## MEDICAL ESSENTIAL SUPPLY

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single page from a notebook or ledger. It features ten evenly spaced, horizontal black lines across its entire width, providing a guide for writing. The background is plain white, and there are no margins, titles, or other markings present.

**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 December 8, 2021

X ~~\_\_\_\_\_~~

Signature of a member or authorized representative of a member

FEDERICO GRULLON

Typed or printed name of signee