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FLORIDA DEPARTMENT OF STATE FEB -7 PM 1: 42 Division of Corporations CRETARY OF STATE TALLAHASSEE, FL

Letter Number: 522A00001880

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

www.sunbiz.org

COVER LETTER

	tegistration Se Division of Cor					
ci:bicc		MEDICAL ESSENTIAL SUPPLY Name of Limited Liability Company				
SUMPEC	·					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	um ali correspo	ondence concerning this matter	to the following:			
		FEDERICO GRULLON				
			Name of Person			
		MEDICAL ESSENTIAL	SUPPLY			
			Firm/Company			
		1150 NW 72ND AVE, SU	ITE 760			
			Address			
		MIAMI, FL 33126				
			City/State and Zip Code			
FGRULLON@CHRONO.COM.DO						
		E-mail address: (to be used for future annual report noti	fication)		
For furthe	r information c	concerning this matter, please co	all:			
DANIEL	ARTY		305 592-9954			
	Name o	of Person	at ()	e Telephone Number		
Enclosed	is a check for t	he following amount:				
■ \$ 25.0	0 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration Sec	ction		
Registration Section Division of Corporations			Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P.O. Box 6327						
Tallahassee, FL 32314						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICAL ESSENTIAL SUPPLY	
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	
This amendment is submitted to amend the following	ıg:
A. If amending name, enter the new name of the	limited liability company here:
IMPROCON, LLC	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable	:
Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	ý)
-	•
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registore:</u>
	_
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	Florida
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			
			□Remove
			DChange
			□Add
			□Remove
			□Change

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F ffecti	ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing: cetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 8, 2021.
	Signature of a member or authorized representative of a member
	FEDERICO GRULLON
	Typed or printed name of signee

Filing Fee: \$25.00