

L20 000 164 786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

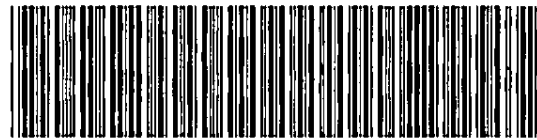
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUPREME CARE MEDICAL SUPPLIES 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:

GRANT WITT

Name of Person

SUPREME CARE MEDICAL SUPPLIES, LLC

Firm/Company

13000 BARWICK RD

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

rizzo.kevin1992@gmail.com

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

For further information concerning this matter, please call:

KEVIN RIZZO

at ( 718 ) 947-6368

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

**OF**

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

**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	KEVIN RIZZO	4569 DANSON WAY	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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1:00  
Change

2020 NOV 24 PM 1:00

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2020 NOV 24 PM 1:00

**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.

Dated NOVEMBER 3, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00