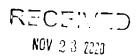
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/24/20--01013--016 **25.00



1/11/21

COVER LETTER

TO: Registration So Division of Cor	ection rporations -	
	SUPREME CARE	MEDICAL SUPPLIES LLC
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
		GRANT WITT
		Name of Person
	SUPRE	ME CARE MEDICAL SUPPLIES, LLC
		Firm/Company
		13000 BARWICK RD
		Address
	ВО	YNTON BEACH, FL 33436
		City/State and Zip Code
		zo.kevin1992@gmail.com
	E-mail address: ((to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
KEVIN	RIZZO	718 947-6368 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632	27	The Centre of Tallahassee
Tallahacena	FI 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPREME CARE MEDI	ICAL SUPPLIES LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number	any were filed on0	6/15/2020	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			200
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			: P = = = = = = = = = = = = = = = = = =
inter new mailing address, if applicable:			11LE 24
Mailing address MAY BE A POST OFFICE BOX)			표
			= =
		1	
 If amending the registered agent and/or registered office and/or the new registered office address here: 	ce address on our rec	ords, <u>enter the nai</u>	me of the new registe
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florid	a 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>	Name	Address	Type of Action
MGR	KEVIN RIZZO	4569 DANSON WAY	
		DELRAY BEACH, FL 33445	Remove
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			□Add
			□Remove
			7020 Ki
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		· ·	☐Remove : : : : : : : : : : : : : : : : : : :
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ctive	e date, if other than the da	10/20/2020	(optional)	
effect	tive date is listed, the date must b	e specific and cannot be prior to date of fills does not meet the applicable statuto	ing or more than 90 days after filing.) Pu	
	it's effective date on the Depa		.)	
,		CC 12.0		
filed		ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 9	Jth day after th
	NOVEMBER 3	2020		
ed	NOVEMBER 3	. 2020		
		In Sin		
	Si	gnature of a member or authorized repre-	entative of a member	
		KEVIN RIZZO		