

L 20000164786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

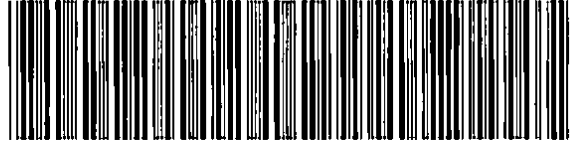
(Business Entity Name)

(Document Number)

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V. SULKER  
FEB 05 2021

2021 FEB -5 11:03:39  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Firm/Company

418 Southridge Rd  
Address

Delray Beach, FL 33444  
City/State and Zip Code

wittgrant@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Witt at (561) 271-4212  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUPREME CARE MEDICAL SUPPLIES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/15/2020 and assigned Florida document number L20000164786.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(same) N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(same) N/A

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GRANT Witt

New Registered Office Address:

1700 BANKS RD, #501

Enter Florida street address

MARGATE

City

Florida

33063

Zip Code

By 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.

X  
By Changing Registered Agent, Signature of New Registered Agent

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

Title                      Name                      Address                      Type of Action

MGR      KEVIN RIZZO      16244 S. Military Trl       Add  
# 130, Delray Beach, FL 33484       Remove  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

MGR      GRANT WITTM      418 Southridge Rd.,       Add  
Delray Beach, FL 33444       Remove  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Change

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

N/A T KEVIN Remove my self  
As MBR From Supreme Care Medical Supplier

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.

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 February 4th 2021



Signature of a member or authorized representative of a member

GRANT WITT

Typed or printed name of signee