(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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D. MATE

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CAPITAL CONNECTION, INC.

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BLUELINE MEDIC	AL SUPPLY	LLC			
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					·
	<u> </u>			Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	-
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	_
				Merger File	
				Art. of Amend. File	_
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	····
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name_	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	<u></u>
				Vehicle Search	* 6.4
				Driving Record	
Requested by: Seth	07/10/00			UCC 1 or 3 File	ς Ω
	$\frac{07/10/20}{5}$			UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	
Walk-In Thomseve GA 8700	Will Pick Up			Courier	
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COVER LETTER

	istration Sec ision of Corp			
CUDICCT.		MEDICAL SUPPLY LLC		
SUBJECT:		Name of Lamit	ed Liability Company	
The encloses	d Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		JASON SCHNUER		
			Name of Person	
		BLUELINE MEDICAL SU	PPLY LLC	
			Firm/Company	
2061 NW 2ND AVE STE 102				
			Address	
		BOCA RATON, FL 33431		
			City/State and Zip Code	
		BLUELINEMEDICALSUP	PLYLLC@GMAIL.COM o be used for future annual report notif	ention)
For further	information o	oncerning this matter, please ca		
JASON SC	HNUER		954 9182928 at ()	
	Name o	f Petson	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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u>	ailing Addre	<u>881</u>	Street Address:	vion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

BLUELINE MEDICAL SUPPLY LLC

2020 . 13 91 12: 20

(Name of the Limited Lightline Company as comes appears on our records.)

(Name of the Virmon Lindbling Company) (A Florida Limited Lin	ability Company)	,
The Articles of Organization for this Limited Liability Company v	vere filed on <u>06/24/2020</u>	and assigned
Florida document number 1.20000170220		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting about St. MAT DE AT UST OF THE BOTH		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter (</u>	the name of the new registered
New Registered Office Address:	Enter Florida street address	7
_	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance of my aunes, an provided for in Chapter 605.	F.S. Or, if this document is

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
AMBR	ROBERT RODRIGUEZ	2061 NW 2ND AVE, STE 102, BOCA RATON,	□Add
_		FL 33431	Remove
			□Change
			□Кетюче
			Change
			□ Add
			Петкоге
			□Change
			□Add
			🗆 Remove
			□Change
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			Remove
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