

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SNYDER & SNYDER, P.A.
Account Number : I20160000107
Phone : (954)475-1139
Fax Number : (954)475-2634

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Corp@snyderlawpa.com

2020 NOV 10 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUPPLY AND DEMAND MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2020 NOV 10 PM 3:08

V. SULKER

NOV 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supply and Demand Medical, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn C. Snyder

Name of Person

Snyder & Snyder, P.A.

Firm/Company

7931 Orange Drive

Address

Davie, FL 33328

City/State and Zip Code

corp@snyderlawpa.com

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

For further information concerning this matter, please call:

Brittany Vavrek, Legal Assistant

954

475-1139

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

STATEMENT OF CORRECTION (((H20000386034 3)))
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Supply and Demand Medical, LLC

SECOND: The Florida Document number of the limited liability company is: L20000203640

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV shall be updated to remove Collette Gangemi, 23 Lund Ct., Woodstock, NY 12499 as a Manager.

Sole Manager shall be: Michael Coner, 2001 NE 35th Street, Lighthouse Point, FL 33064.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:

OR

- ☐ The electronic transmission of the record was defective.

Mike Coner

11 / 07 / 2020

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

 Registered Agent's Signature

Filing Fee: \$25.00
 Certified Copy: \$30.00 (optional)

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