Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000123991 3)))



H220001239913ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : 120160000107 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 @ SNYOCT Lawpa. Com

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

MAR - S PH 1: 12

2022 9 - 89A

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help

中島 國 等時

## **COVER LETTER**

(((H22000123991 3)))

TO: Registration Se Division of Cor			
0. m rp om	Demand Medical, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The evoluted Asticles of	Amendment and fee(s) are subr	nitted for filing	
	ndence concerning this matter t		
	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: (t	o be used for future annual report notificat	ion)
For further information c	oncerning this matter, please co	ıll:	
Brittany Kennedy, Legal	Assistant	954 475-1139	
Name o	f Person	at (	lephone 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 & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	an
Division of C	Corporations	Division of Corpor	rations
P.O. Box 632	27	The Centre of Tall	ahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(((H22000123991 3)))

Supply and Demand Medical, LLC			
(Name of the Limit	ed Liability Compas	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Li Florida document number L20000203640			_ and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	_	lity company here:	
Supply and Demand Management, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	iddress on our records, enter the name	of the new registered
			<b>#</b> 2
Name of New Registered Agent:	N/A	`	<b>€</b> 72
New Registered Office Address:			22 HAR
		Enter Florida street address	FIL (-5)
		, Florida	Žin Čnde 70 C
New Registered Agent's Signature, if changing I	Registered Agent:	c.i,	STA STA
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my duties, and I am far provided for in Chapter 605, F.S. Or, if	eTo Comply with the niliar with and this document is
	If Char	oring Decistered Agent, Signature of New Regis	tered 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: (((H22000123991 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□ Add
			□ Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□Remove
	•		Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
		(((H22	□Change 000123991 3)))

 $(((1122000123991\ 3)))$ 

N/A		<del></del>
	<del></del>	<del></del>
		<del> </del>
		<del></del>
Note: If the date inserted in the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put block does not meet the applicable statutory filing requirements, this date wil	ursuant to 605,0207 (
document's effective date on t	Department of State's records.	
e record specifies a delayed eff rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Oth day after the
Dated April 4	2022	
Dated		
	$\Delta C_{1}$	
	Signature of a member or authorized representative of a member	<del></del>

(((H22000123991 3)))