L20000205175

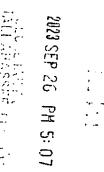
(Requestor's Name)
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COVER LETTER

то:	Registration Se Division of Cor			
01111111	Medval Me	dical Supplies , LLC		
SUBJECT: Name of Limited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence concerning this matter	to the following:	
		Edgard Zambrano, MBA		
			Name of Person	
		The Genesis Firm LLC		
		<u></u>	Firm/Company	
		3105 NW 107th Ave. STE	400E4	
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		ed@thegenesisfirmllc.com		
For furth	ner information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no	uncation)
	Zambrano, MBA	-	786 476-2863	
		- 	at ()	T. L. A
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	d is a check for th	ne 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 Addres Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Corporations		
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medval 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 Liab Florida document number L20000205175		anc	l assigne	:d
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the a	bbreviatio	n "L.L.C."	
Enter new principal offices address, if applical	ble:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	ADDRESS)	~ ;;		
			23	
		7.5	15	
Enter new mailing address, if applicable:			55	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		0	
			Ç ₁	1
			07	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the nar</u> <u>here</u> :	ne of the	new re	<u>gistered</u>
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
	Enter Florida street address			
	Florida	Zip C	inda .	
	C tih,	zip C	.оае	

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 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>	<u>Name</u>	Address	Type of Action
AMBR	Isabel C Rincon	1200 Brickell Ave STE 9	∃ Add
		Miami, Fl. 33131	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

Ownership Interest as follows	s:	
Member's Name	Ownership Percentage Interest	
Jesus Sarcos	99 %	
Isabel C Rincon	I%	
	——————————————————————————————————————	2023
	고 교문 전략	<u>E</u>
		G .)
		<u> </u>
_		5: 07
-	 · .	
ctive date, if other than the	date of filing:(optional)	
effective date is listed, the date must :: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan ock does not meet the applicable statutory filing requirements, this date will not	n to 60 be lis
iment's effective date on the De	epartment of State's records.	
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay aft
	lanas	
0 1 01	12023	
d September 21	SPENI MEREN	
d	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00