

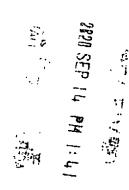
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C. GOLDEN SEP 1 5 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			
GOLDEN MEDICA	AL SUPPLY LL	.c	
· · · · ·			
			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
C		_	Vehicle Search
			Driving Record
Requested by: SETH	09/08/20		UCC 1 or 3 File
Name	Date	Time -	UCC 11 Search
		_	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	MEDICAL SUPPLY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	U	
	ROBERT RODRIGUEZ		
		Name of Person	
	GOLDEN MEDICAL SUI	PPLY LLC	
		Firm/Company	
	1700 NORTH DIXIE HIG	HWAY SUITE 112	
		Address	
	BOCA RATON, FL. 3343	2	
	COLDENI EDICAL CURR	City/State and Zip Code	
	GOLDENMEDICALSUPP E-mail address:-(to be used for future annual report no	ification)
For further information of	concerning this matter, please o	all:	
ROBERT		954 7784600	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres		Street Address: Registration Se	
Division of C	-	Division of Co	•
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Pananassee De Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

GOLDEN MEDICAL SUPPLY E		U: 5
(Name of the Lim	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L20000260759	iability Company were filed on 08/3	
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company her	<u>ē</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new registered agent	registered office address on our rec ss here:	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	1700 NORTH DIXIE HIGHWAY S	UITE 112
	Enter Florid	a street address
	BOCA RATON	, Florida 33432
	City	Zin Code

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.

Zip Code

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
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□Add
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fective d	ate, if other than th	he date of fi	iling:	_		(op	tional)	
an effective	date is listed, the date me date inserted in this	nust be specific	cannot be	e prior to date	of filing or mo	re than 90 days af	ter filing.) Pursua	nt to 605.020
ocument's	effective date on the	Department	of State's re	cords.	atutory ming	requirements, t	nis date will no	t be listed a
ecord spe	cifies a delayed effect	live date, but	not an effec	tive time, at	12:01 a.m. o	n the earlier of:	(b) The 90th	day after the
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is filed.			2000					
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SEP	TEMBER 13TH	,	,					
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SEP	Laly		7					
is filed. SEP	TEMBER 13TH	Signature o	of a mornbur o	or authorized r	upresentative (of a member		<u> </u>

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