Division of Corporations Electronic Filing Cover Sheet

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.

(((H210004087763)))



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	<u>></u>	
	Fax Number : (850)617-6383	AM 10: 1	
From:			
	Account Name : C T CORPORATION SYSTEM	-	
	Account Number : FCA000000023		
	Phone : (614)280-3338		
	Fax Number : (954)208-0845		
	the email address for this business entity to be used for future ual report mailings. Enter only one email address please.**		

121 NOY -4 AM 11: 50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER MEDICAL SUPPLYAND EQUIPMENT, LLC

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

NOV 05 2021 A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Medical Supply and Equipmo	•				
(Name of the Limited (A	Liability Compan Florida Limited L	ny as it now appears on our relability Company)	2014s.) 2921		
The Articles of Organization for this Limited Liab	oility Company v	were filed on 9-18-2020	and signod		
Florida document number L20000300780	 •		· 名名第二		
This amendment is submitted to amend the follow	ring;		D OF STATE SPORATION		
A. If amending name, enter the new name of t	he limited liabil	lity company here:	17 : 17 : The state of the stat		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.I.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 Be) B. If amending the registered agent and/or registered agent and/or the new registered office.	registered of		Lake DC apt 734 L F1 334371 cords, enter the name of the new		
Name of New Registered Agent:	Jonathan Colton				
New Registered Office Address:	2028 Harrison Street, Stc. 201-8				
New Registered Office Address.		Enter Florida street	address		
	Hollywood		_, Florida <u>33020</u>		
•		City	Zip Code		

New Registered Agent's Signature, if changing Registered Acent:

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 Changing Registered Agent, Signature of New Registered Agent

19542080845

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jason Padilla	6941 NW 12th CT	Add
en e		Plantation, FL 33313	
			☐ Change
MGR	Jonathan Colton	2028 Harrison Street, Stc. 201-8	
•		Hollywood, FL 33020	□ Remove
, •			□ Change
	11 page graph Balland and the State Market		
			□ Remove
,			☐ Change
	· · · · · · · · · · · · · · · · · · ·	***************************************	
			☐ Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			Change

Page: 5 of 5

Page 3 of 3

Filing Fee: \$25.00