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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
FOR ANY SECRETARY OF STATE

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COVER LETTER

	vision of Cor						
SUBJECT		ipplies LLC					
SUBJECT	-	Name of Lin	nited Liability Company	 .	·		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Georges Chahoud					
			Name of Person		-		
			Firm/Company		- 44.0	2(
		500 South Australian Avenu	• •		11.08 11.08	2- NUL 220	_
			Address	<u> </u>	- 건물 건물	ب رد ا زی	Ī
West Palm Beach, FL 33401						-0 -3	1
		gemed316@gmail.com	City/State and Zip Code			2: 53	
			to be used for future annual report noti	fication)			
For further	information c	oncerning this matter, please o	call:				
Georges Cl	nahoud		561 327-6231 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Numbe	r		
Enclosed 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)	S60.00 F Certifica Certifica (additiona	ite of Sta I Copy	atus &	
	ailing Addres		Street Address: Registration Sec	ction			
Di	ivision of C	orporations	Division of Cor	porations			
	O. Box 632 Illahassee T		The Centre of T		210		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GC Med Supplies LLC		量 复 丑
(Name of the Limited Liability Comp. (A Florida Limited		F 2 72 F
The Articles of Organization for this Limited Liability Company	were filed on 11/13/2	and assigned
Florida document number L20000349857		"
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	500 South Australia	an Avenue Suite 603
	West Palm Beach, f	FL 33401
Enter new mailing address, if applicable:	500 South Australia	an Avenue Suite 603, west paln.
(Mailing address MAY BE A POST OFFICE BOX)	Beach, FL 33401	all Avenue sume 603, West Paris.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address: 500 South Aus	tralian Avenue Suite 6	03
	Enter Florida s	treet address
West Palm Bea	ich	, Florida Fl 33401
	City [.]	Zip 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.

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
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this bloomment's effective date on the De	be specific and ck does not n	l cannot be price neet the appli	cable statuto			iling.) Pursuant	
cord specifies a delayed effective s filed.	date, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after the
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