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A. RIVERS APR 2 8 2023

COVER LETTER

TO: Registration Section

Division of Cor	porations		
CUDIECT.	DNG RETAIL EG	QUIPMENT & SUPLY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
riease return all correspo	endence concerning this matter	to the following:	
	ESDRAS GUILLAUME		
		Name of Person	
	DNG RETAIL EQUIPME	NT & SUPLY LLC	
		Firm/Company	
	11940 NE 16TH AVE, 10'	7	
		Address	
	MIAMI, FLORIDA, 3316	I	
	4	City/State and Zip Code	
	drguillaume83@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
GUILLAUME ESDRAS	3	954 394-7060 at ()	
Name o	f Person		ne Telephone 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)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration a Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	QUIPMENT'S SUPPLY LLC				
(Name of the Limited Lis (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)			
,					
The Articles of Organization for this Limited Liabili	ty Company were filed on	02/25/2021	a	nd assi	gned
Florida document numberL21000093190					
his amendment is submitted to amend the following	5 :				
a. If amending name, enter the new name of the	limited liability company he	e <u>re</u> :			
DNG MEDICAL RETAIL EQUIPME	ENT & SUPPLIES, LLC				
he new name must be distinguishable and contain the words	'Limited Liability Company," the d	esignation "LLC" or th	e abbreviat	tion "L.L	.C."
Sadan 16 1 - 65 1 - 16 16 15 11					
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET AL	DDRESS)				
					
Inter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)				
	-				
			71 72 (A	PB23	
			-		
3. If amending the registered agent and/or regist		ecords, <u>enter the n</u>	ame of the		regist
gent and/or the new registered office address he	<u>re</u> :			マー	
					1
N. CN. D. L. LA.			171	<u> </u>	1.13
Name of New Registered Agent:			;		19.00
New Registered Office Address:			9,72	8:	
Now Registered Office Address.	Enter Flor	ida street address	-5 -	<u>ā</u>	
		. Florida			
	City			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 Changing Registered Agent, Signature of New Registered 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			Remove
			Change
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02/20 2023		,			<u> </u>		-
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