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## COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Medical Supply Goys of Flora LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Levar A. W. Son Sr. Name of Person
Median Supply only of Florida Lile.
2531 SE 2915 Ln.
Ocela, F. 3447/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LeVar A. William S., at 352 207-3/44  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  □ Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medical Suppl (Name of the Limite	Liability Compa	MA HULO ny as it now appears on our	LLC records.)	
The Articles of Organization for this Limited Lia	A Florida Limited I bility Company		7/2021	and assigned
Florida document number <u>L210001</u>			;-	2021
This amendment is submitted to amend the follow	Ū			
A. If amending name, enter the new name of		-		CO Table
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	"LLC" or the abbrevi	ation"L.L.C.",
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		2531 SE	2957	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	2531 SE Ocala, F1	29 <sup>H</sup> 2 3447	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, g	enter the name of	the new registered
Name of New Registered Agent:	na	,	·	
New Registered Office Address:	1110	Enter Florida street d	address	
	1/0	City	_, Florida <u>/ /</u> /	Tin 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 Type of Action Address **Title** Name MGR Gary R. Pierre, Jr. 4134 Sh/ 515+ Terrace DAdd \_\_\_\_\_ □Change MGR Dwan S. Thomas 485 MW 45th Ln. Add Ocala F1 34475 DRemove \_\_\_\_ Change bb∧□ \_\_\_\_ □Remove □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Add □Remove \_\_\_\_ □Change □Add □Remove

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