

K21000195886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

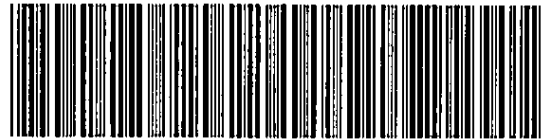
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21 OCT 15 PM 3:22

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medical Supply Guys of Florida, 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:

NESHA A. ALI  
Name of Person

Medical Supply Guys of Florida, LLC.  
Firm/Company

2610 NE 42nd Place  
Address

Ocala FL 34479  
City/State and Zip Code

naa1223@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESHA A. ALI at 352 804-6260  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Fee,  
Certificate of Status &  
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 Supply Guys of Florida, LLC OCT 15 PM 3:22  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/27/2021 and assigned Florida document number L21000195886

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 BOX)

2610 NE 42<sup>nd</sup> Place  
Ocala, FL 34479

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NESHA A. ALI

New Registered Office Address:

2610 NE 42<sup>nd</sup> Place

Enter Florida street address

Ocala

City

Florida

34479

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.

Nesha A. Ali

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>     | <u>Address</u>                                     | <u>Type of Action</u>   |
|--------------|-----------------|--|---|
| MGR          | Dwan S. Thomas  | 485 NW 145 <sup>th</sup> Ln.<br>Ocala, FL 34475    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove                                    |
| MGR          | Sandi L. Clardy | 3104 SE 45 <sup>th</sup> Street<br>Ocala, FL 34480 | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | NESHA A. ALI    | 2610 NE 42 <sup>nd</sup> Place<br>Ocala, FL 34479  | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Change   |
|              |                 |  | <input type="checkbox"/> Add  |
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|              |                 |  | <input type="checkbox"/> Change   |

