12100019536

(Rec	questor's Name	*)
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phoi	ne #)
PłCK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	ame)
		
(Doc	cument Number	r)
Cartified Capies	Cartificate	an of Chabus
Certified Copies	Certificate	es of Status
		
Special Instructions to F	iling Officer:	
		10/25/21
		Tin

Office Use Only



500375036905

10/15/21--01017--029 **30.00

21 OCT 15 PH 3: 22

COVER LETTER

	ion Section of Corporations
SUBJECT: M	Name of Inmited Liability Company
The enclosed Arti	eles of Amendment and fee(s) are submitted for filing.
Please return all c	prrespondence concerning this matter to the following:
	MASHA A. ALT Name of Person
	Medical Suffly Gols OF + Wide LLC
	260 NE 42nd Place
	Ocala F1 34479
	City/State and Zip Code August 23 @ August Composition E-mail address: (to be used for future annual report notification)
For further inform	ntion concerning this matter, please call:
STESHY	A. ALT at 352 804-6260 Area Code Daytime Telephone Number
Enclosed is a chec	c for the following amount:
□ \$25.00 Filing	Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing	Address: Street Address:

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

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 Sum / Sum / (Name of the Limited Liability Comps (A Florida Limited	In as it now appears on our records.) Liability Company
The Articles of Organization for this Limited Liability Company Florida document number <u>21000/95886</u>	were filed on $\frac{4/27/2021}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." 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 UE 42 nd Maco Oculor, F1 34479
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Name of New Registered Agent: 140 A	A A. ALI VE HOM PLUCE
New Registered Office Address: 2007	Enter Florida street address City Florida Zip Code
Nan Dagistarad Agant's Signature if shanning Desigtered Agant	zą 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 Title Name Address 1007 15 PH 3: 2? Type of Action

MGR Dwan S. Thomas 485 Mal 45 Hb.

Address 1007 15 PH 3: 2? Type of Action Ocala, F1 34475 tremove ____ □Change MGR Sandi L. Clardy 3104 SE 45th Street and Ocala F1 34480 __ _ Remove _____ □Change MOR NESHA A. ALT 26/0 NE 42rd Mace and Ocala F134479 _ Remove □ Change _ 🗆 Add □Remove □Add ____ □Remove _ □Change □Add

_____ □Change

	m. A. O.
	21 007 15 PM 3: 22
	···
	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to o	date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed as
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time	at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
12 2001	
ud October, 13 2021	•
	ı
Mustra M. He	
Signature of a member or authoriz	ed representative of a member
Altrila A Alt	<u> </u>
1111 \ HH \ H \ \ \ \ \ \ \ \ \ \ \ \ \	