

L21000243569

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000217263 3))



H210002172633ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

***** RESUBMIT *****

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GQCONSULTINGFIRM@GMAIL.COM

FILED
2021 JUN -4 PM 3:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVENUE MEDICAL SUPPLY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

JUN 07 2021
A. LUNT

RECEIVED

2021 JUN -4 PM 3:10



June 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AVENUE MEDICAL SUPPLY LLC
1 S SWINTON AVE
DELRAY BEACH, FL 33444US

SUBJECT: AVENUE MEDICAL SUPPLY LLC
REF: L21000243569

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000217263
Letter Number: 221A00011930

2021 JUN -4 PM 3:08
FILED
STATE
CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000217263

AVENUE MEDICAL SUPPLY LLC

(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 MAY 24, 2021 and assigned
Florida document number L21000243569.

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 end with 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)

FILED
2021 JUN -1, PM 3:08
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H21000217263

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRUCE SOSCIA	85 MARLOW STREET	<input type="checkbox"/> Add
		CRANSTON, RI 02020	<input checked="" type="checkbox"/> Remove
		85 MARLOW STREET	
AMBR	BRUCE SOSCIA	CRANSTON, RI 02020	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2021 JUN -4 PM 3:08
 TALLAHASSEE
 FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

H21000217263

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 1, 2021



Signature of a member or authorized representative of a member

BRUCE SOSCIA

Typed or printed name of signee

FILED
2021 JUN -4 PM 3:08
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H21000217263