

L21000243569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

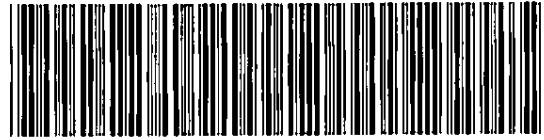
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2021 JUN 17 AM 8:54

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2021 JUN 17 AM 8:57

FILED

Acceptis Amend

JUN 17 2021 ALBRITTON

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 JUN 17 AM 8:57
TALLAHASSEE, FL

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 5/24/2021 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4699 NORTH FEDERAL HWY

(Principal office address MUST BE A STREET ADDRESS)

SUITE 209N-209P

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

4699 NORTH FEDERAL HWY

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 209N-209P

POMPANO BEACH, FL 33064

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:

4699 NORTH FEDERAL HWY, STE 209N-209P

Enter Florida street address

POMPANO BEACH

City

Florida 33064

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 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	BRUCE SOSCIA	4699 NORTH FEDERAL HWY	<input type="checkbox"/> Add
		SUITE 209N-209P	<input type="checkbox"/> Remove
		POMPAO BEACH, FL 33064	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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