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(Red	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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A RAMSEY JUN - 6 2022 [- | 1 _ L L L] [022 JUN -3 AM 9: 05

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INTERGRATED M	MEDICAL SUPPLY LLC	
·		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
orginature .		Vehicle Search
	- 	Driving Record
Requested by: _{SETH}	0.6.103	UCC 1 or 3 File
	$-\frac{06/03}{5}$	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk In	Will Diale Lia	

COVER LETTER

TO:

	ration Secton of Corp			
	TEGRATI	ED MEDICAL SUPPLY LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	l correspon	dence concerning this matter	to the following:	
		Miguel Sariol		
			Name of Person	
			Firm/Company	
		4699 N. FEDERAL HWY	STE 202-B	
			Address	 -
		POMPANO BEACH, FL 3	33064	
			City/State and Zip Code	
		integratedmedicalsupply@g		
For further info	rmation cor	ncerning this matter, please ca	to be used for future annual report not all:	inication)
Miguel Sariol			336 5213320 at ()	
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ng 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)
	g Address: tration Sc		<u>Street Address:</u> Registration Se	ection
Divisi	ion of Co	rporations	Division of Co	
	30x 6327		The Centre of	
ranai	iassee, FI	34314	2413 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Registration Section

TO:

Division of Co	orporations		
INTEGR	ATED MEDICAL SUPPLY LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter (to the following:	
	Miguel Sariol		
		Name of Person	
		Firm/Company	
	4699 N. FEDERAL HWY		
		Address	
	POMPANO BEACH, FL 3		
	integratedmedicalsupply@g		
	E-mail address: (to be used for future annual report not	fication)
For further information	a concerning this matter, please ca	all:	
Miguel Sariol		336 5213320 at ()	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
	□ \$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)
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -3 AM 9: 04

INTEGRATED MEDICAL SUPPLY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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.

City

_, Florida __

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>	Address	Type of Action
MGRM	SIGNORELLI, NICHOLAS	4699 N. FEDERAL HWY	□Add
		STE 202-B	■Remove
		POMPANO BEACH, FL 33064	
			□Add
			□Remove
			[]Change
			□Add
		□Remove	
			□Change
		□Add	
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etive date, if other than the flective date is listed, the date in 1 If the date inserted in this ment's effective date on the	block does not meet the	applicable statutory	or more than 90 da filing requiremen	(optional) yvafter filing.) Purso us, this date will no	ant to 605,02 of be listed
ord specifies a delayed effect filed.	ive date, but not an effec	tive time, at 12:01;	um, on the earlier	of: (b) The 90th	day after tl
May 20th	2022				
	Signature of a member of				