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From:				2021 NOV	· 71
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	ASSE	1	
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		s for this business entity to be used for future ings. Enter only one email address please.**		: 24	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE STEP MED SUPPLY LLC

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S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, ARTICLES OF	F AMENDMENT TO ORGANIZATION OF	FILED 2021 NOV -5 PH GLUAHASSEE
ONE STEP MED SUPPLY LLC (Name of the Limited Liability Comm (A Florida Limited The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000408744</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited lia</u>	ny were filed on	FLO
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	4699 N. FEDERAL HW STE 102-E POMPANO BEACH, FL	

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:	CHANGE OF ADDESS	
New Registered Office Address:	4699 N. FEDERAL HWY STE 102	2-F.
<u></u>	Enter Florida street address	
	POMPANO BEACH	, Florida ³³⁰⁶⁴
	Ciny	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

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Title	Name	Address	Type of Action
MGR	SAM MAHANA	4699 N. FEDERAL HWY STE 102-E	🖬 Add
		POMPANO BEACH, FL 33064	🗌 Remove
			□Change
			🖸 Add
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	·····		🗆 Add
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D . 1	f amending any other	information, e	nter change(s) here:	(Attach additional sheets,	if necessary.)
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Note:	tive date, if other than the date of filing:	suant to 605 not be liste	.0207 (3 ed as th)(b) e
If the recorrected is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 iled.	th day after	2021	
Dated	Com My	ALINRY OF	NOV -5 PI	FILED
	Signature of a member or authorized representative of a member	FLORIDA	PM 1:24	-

Signature of a member or authorized representative of a member SAM MAHANA Typed or printed name of signee