# L21000410872

(Requesto	or's Name)	
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(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer:	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8**8**70 • 1-800-342-8062 • Fax (850) 222-1222

SPRAIG MEDIC	CAL SUPPLIES 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
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
0:		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		- UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	
174 Pointer's Printing - Thom (suite	• SA ATC	

#### **COVER LETTER**

TO: Registration Sect Division of Corp				
	DICAL SUPPLIES LLC			
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	uitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	FRANCISCO CASTRO PU	LIDO		
		Name of Person		
		Firm/Company		
	4701 N FEDERAL HWY #	304		
		Address		
	POMPANO BEACH, FL 3		<u></u>	
		City/State and Zip Code		
	spraigmedicalsupplies@gma	o be used for future annual report no	etification)	
For further information c	oncerning this matter, please of			
FRANCISCO CASTRO	PULIDO	561 5316126		
Name o	of Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration	Section Corporations	Registration Section Division of Corporations		
P.O. Box 63		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRAIG MEDICAL SUPPLIES LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	n on our records)
he Articles of Organization for this Limited Liability Company were filed on 09 lorida document number L21000410872	9/16/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	nere:
he 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:	• : : =
Principal office address MUST BE A STREET ADDRESS)	25 PZ2 NA
	0 F
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	Ξ 5 ω
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:  Enter F	lorida street address
	Florida
Cin	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.

Yanging 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	Type of Action
MGRM	GRUPP, KYLE	4701 N FEDERAL HWY #304	□ Add
		POMPANO BEACH, FL 33064	■ Remove
			□ Add
			□ Remove
			Change
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Sective date, if other	than the date of filing:			(optional)	
an effective date is listed, the	he date must be specific and of in this block does not me	annot be prior to d	ate of filing or more that statutory filing requ	irements, this date will i	not be listed
locument's effective date	on the Department of St	ate's records.	- -		
				lian of (b). The 90t	h dav after ti
record specifies a delay-	ed effective date, but not a	in effective time.	, at 12:01 a.m. on the	estrict of. (b)	.,,
d is filed.			•		
Dated	1.	2022			
		//_			
	fun		ed representative of a r		
<del></del>	Signature of a D	nember or authoriz	ed representative of a r	EIBOCI	

Filing Fee: \$25.00

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of					
	IG MEL	ICAL SUPPLIES LLC			
SUBJECT:		Name of Limite	d Liability Compa	ny	
The enclosed Articl	es of Ar	nendment and fee(s) are subm	itted for filing.		
		ence concerning this matter to			
		FRANCISCO CASTRO PU	LIDO		
			Name of Per	ion	
			Firm/Compa	nny	
4701 N FEDERAL HWY #304					
			Address		
		POMPANO BEACH, FL 3	City/State and Zi	in Code	<del></del>
		spraigmedicalsupplies@gma	•	ip Code	
		E-mail address: (t	o be used for futur	e annual report notif	ication)
For further inform	ation co	ncerning this matter, please ca	all:		
FRANCISCO CA	STRO I	PULIDO	561 at (	5316126	
	Name of	Person	Area C	ode Daytime	e Telephone Number
Enclosed is a chec	ck for th	e following amount:			
☐ \$25.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fill Certified (additional)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing				Street Address: Registration Se	ection
•		Section Corporations		Division of Corporations	
P.O. B				The Centre of	Tallahassee
		FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303