L21000505982

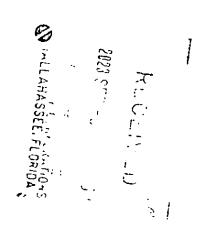
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SEP 112

CAPITAL CONNECTION, INC.

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

	I
NOVO MEDICAL EQUIPMENTS, LLC	·
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1401	
	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
Signature	Fictitious Owner Search
Signature //	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name T	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT:		DCAL EQUIPMENTS, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspoi	ndence concerning this matter	to the following:	
		AMANDA CASTELLON		
			Name of Person	
		DOUGLAS REGISTEREI) AGENTS LLC	
		•	Firm/Company	
		2600 S DOUGLAS RD ST	TE 1000	
			Address	
		CORAL GABLES FL 331	34	
			City/State and Zip Code	
		ACASTELLON@CASTEL		
		E-mail address: (to be used for future annual report notiti	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
AMANDA			786 391-3721	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing 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)
	11: A .I.d		Street Address.	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

NOVO MEDCAL EQUIPMENTS, 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 11/29/2021 __ and assigned Florida document number L21000505982 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." 10282 SW 9th LN Enter new principal offices address, if applicable: PEMBROKE PINES, FL 33025 (Principal office address MUST BE A STREET ADDRESS) 10282 SW 9th LN Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PEMBROKE PINES, FL 33025 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 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>	Address	Type of Action
MGRM	ISAYAMA MANRIQUE, DIEGO	10282 SW 9th LN	DAdd
		PEMBROKE PINES, FL 33025	□ Rетюче
			EChange
S	MEDINA OLIVEROS, SENDY CI	10282 SW 9th LN	□Add
		PEMBROKE PINES, FL 33025	□Remove
			≘ Change
S MEDINA OLIV	MEDINA OLIVEROS, SENDY CI	10282 SW 9th LN	
		PEMBROKE PINES, FL 33025	Remove
			■ Change
			□Add
	 	Remove	
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E. Effective date, if other than the (If an effective date is listed, the date not Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prio ock does not meet the appli	r to date of filing or more tha cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605.02 irements, this date will not be listed	207 (3)(b as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective	time, at 12:01 a.m. on the	carlier of: (b) The 90th day after th	າຍ
Dated	2023			
	10/			

Filing Fee: \$25.00

Typed or printed name of signee