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F.H. F.D 2022 MAR 10 AM 9: 25 SECRETION OF THE

COVER LETTER

TO: Registration Sec Division of Cor			
	al Distributors of FL, LLC		
SUBJECT:	Name of Limi	ted Liability Company	 _
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark Poolos		
		Name of Person	
	Elite Medical Distributors	of FL, LLC	
	-	Firm/Company	
	5000 US Hwy 17 S Suite 1	8181	
		Address	
	Fleming Island, Florida 32	003	
	Mark@elitemedicalohio.com	City/State and Zip Code	
	_	to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
Mark Poolos		216 659-4641 at ()	
Name of Person		Area Code Daytime T	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section of Corporate Centre of Tailor N. Monroe	orations Ilahassee
		Tallahassee, FL 3	2303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Elite Medical Distributors of FL, LLC

2022 HAR 10 AH 9: 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF 134 TALL AHASSET, FOR The Articles of Organization for this Limited Liability Company were filed on $\frac{12/13/2021}{12}$ ___ and assigned Florida document number _____L21000524519 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." 3233 Bailey Ann Drive Enter new principal offices address, if applicable: Ormond Beach, Florida 32174 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

__, 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
AMBR	Mark Poolos	5000 Us Hwy 17 S	= Add
		Suite 18181	🖸 Remove
		Fleming Island, Florida 32003	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member			 -			
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