## L22000147902

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(Business Entry Name)
(Document Number)
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## **COVER LETTER**

Div	ision of Cor	porations	•	•	
SUBJECT:	FMD Supplies and Equipment LLC				
Name of Limited Liability Company					
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Picase return	ı all correspo	ndence concerning this matter	to the following:		
		Dorian Rogers			
			Name of Person		
	FMD Supplies and Equipment LLC Firm/Company 11250 SW 44th Street				
	Address		***		
		Miramar FL, 33025			
			City/State and Zip Code	· . · ·	
		fmdsellc@gmail.com  E-mail address: (1)	to be used for future annual repo	rt notification)	
For further is	nformation co	oncerning this matter, please ca	ıll:		
Dorian Rogo	ers		754 777-28 at ()		
	Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

TO: "Registration Section

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 TO ARTICLES OF ORGANIZATION OF

FMD SUPPLIES AND EQUIPMENT 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  $\frac{03/28/2022}{}$ and assigned Florida document number L22000147902 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FMD INDUSTRIES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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.

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
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ffective date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more  If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 6 equirements, this date will not be 1
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b) The 90th day a
d 06/26/2023	
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The state of the s	

Filing Fee: \$25.00