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	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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	(Duelage Falls Name)	
	(Business Entity Name)	
	(Document Number)	
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Certified Copies	_ Certificates of	Status
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Office Use Only

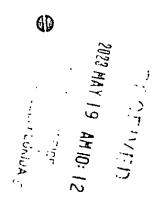


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5/19/23 V.W



COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: S	Co Uniformate Name of Limite	orm Store d Liability Company	LIC
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Simone S& Co Ur	Fernande Name of Person Store Firm/Company	ez Llc
	845 SW	17th St	
	Cape Coral	FL 3399 City/State and Zip Code	1 0
	E-mail address: (to	be used for future annual report not	(fication)
Simone	Fernander	2 at (239) 672	-949] ne Telephone Number
Enclosed is a check for t	he following amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

J & Co Unito	rm Store LIC
(A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22001789</u> 9	were filed on April 14, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab By's Uniform & Me The new name must be distinguishable and contain the words "Limited Liabiletic Liabil	edical Supplies L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1260 NE 8th St Unit 103-104 Cape Coral FL 33909
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	845 SW 17th St Cape Coral FL 33991
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida
New Registered Agent's Signature, if changing Registered Agent:	海帯 量 ・ ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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 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>	Name	Address	Type of Action
PMB12	Chelsie S. Thomas	845 SW 17th St	ZAdd
		Cape Coral Fl 3399	Remove
			
			□Add
			□Rетюче
•			DChange
	 		□Add
			□Remove
			□Change
			□Add
			Remove
			DChange
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			Channa.

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	effective date, if other than the date of filing:
f the rece ecord is	ord 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 filed.
Date	May 19 , 2023.
	Strands
	Signature of amember or authorized representative of a member
	Simone ternandez Typed or printed name of signee

. . . .

Filing Fee: \$25.00