

L23000177292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

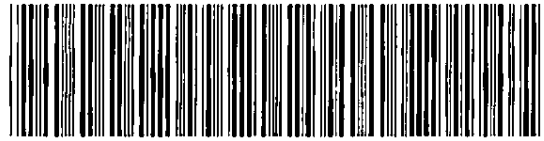
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLS MEDICAL DISTRIBUTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILIA REMEDIOS PEREZ

Name of Person

Ilia Remedios
Firm/Company

14850 SW 199 AV

Address

MIAMI, FL 33196

City/State and Zip Code

Dlsmedicaldistributionllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILIA REMEDIOS PEREZ

786

6164781

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

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SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DLS MEDICAL DISTRIBUTION 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 FLORIDA and assigned
Florida document number L23000177292.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FRESCO DISTRIBUTION LLC

The 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)

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:

ILIA REMEDIOS PEREZ

New Registered Office Address:

14850 SW 199TH AVE

Enter Florida street address

MIAMI

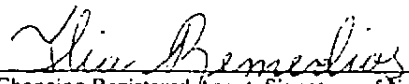
City

, Florida 33196

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.


If Changing Registered Agent, Signature of New Registered Agent

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PM 3:53
CLERK OF STATE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	QUINTERO ROJAS, SANTY	9631 FONTAINEBLEAU BLVD # 410 MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BARTOLOME SHAYLEEN	17071 SW 146TH CT MIAMI FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 28, 2024

Therese Bernadine
Signature of a member of authorized representative of a member

ILIA REMEDIOS PEREZ

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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1000
1000
1000
1000

Filing Fee: \$25.00