2/9/24, 12:01 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000056109 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : 120200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOMED GLOBAL EQUIPMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO:	Registration Security Division of Corp		*	
2110117	₽ HOME D ≯G	LOBAL EQUIPMENTS LLC		
g Q Dar I	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		FRANCISCO E RODRIG	UEZ	
		Q-1	Name of Person	
		BIOMED GLOBAL EQUI	IPMENTS LLC	
			Firm/Company	
801 NORTHPOINT PARKWAY WEST # 81				
		PALM BEACH FL 33807		
			City/State and Zip Code	
		E-mail address: (to be used for fitting annual report notif	ication)
For furt	her information c	oncerning this matter, please c	ali:	
			at ()	
., , , .	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2 :	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ 855.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Tallahassec, PL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIOMED GLOBAL EQUIPMEN	PTS LLC	
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on 12/06/2023	and assigned
Florida document number L23000541871	and the state of t	
This amendment is submitted to amend the fo	Howing:	
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."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		
	Mark Control of the C	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	FROY	
maning address MAT DE AT OST OTTICE		· · · · · · · · · · · · · · · · · · ·
	***************************************	∅
B. If amending the registered agent and/or	registered office address on our records, enter the	name of the stry registers
agent and/or the new registered office addr	ess here:	िल्लॅ 🖷 🛼
Name of New Registered Agent:	GUILLERMO BENITEZ ARTEAGA	9
		OF SIL
New Registered Office Address:		
	Enter Florida street address	5
	, Floric	
	City	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.

> sullemo. 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
MGR	FRANCISCO E RODRIGUEZ	801 NORTHPOINT PARKWAY WEST #801	🖸 Add
		PALM BEACH FL 33807	≣Remove
			□Change
MGR	GUILLERMO BENITEZ ARTEAGA	801 NORTHPOINT PARKWAY WEST #801	= Add
		PALM BEACH PL 33807	□Remove
			(DChange
			□∧dd
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

 _	
Effective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	the date of filing: (optional) to must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 his block does not meet the applicable statotory filing requirements, this date will not be listed as the Department of State's records.
record specifies a delayed effi Lis filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
aled	2024 Signature of a member or authorized representative of a member
Trong o	
<u></u>	<u> </u>