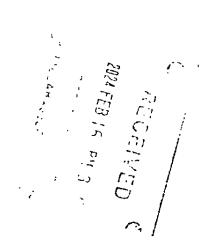
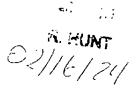


(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE : 2/19/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: DOMESTIC AMENDMENT FILING NAME: UNITED MEDCO, LLC EFFECTIVE DATE: ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ALEXXIS WEILAND-SORENSON

COVER LETTER

TO: Registration Se Division of Cor			
	MEDCO, LLC	·	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	·	
	WILLIAM CUERVO		
		Name of Person	
	UNITED MEDCO, LLC		
		Firm/Company	~
	4250 CORAL RIDGE DR	SUITE 201	·
		Address	•
	CORAL SPRINGS FL 33	065	1:
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	<u>n)</u> = = = = = = = = = = = = = = = = = = =
For further information c	oncerning this matter, please c	all:	
WILLIAM CUERVO		954 947-4366 at ()	
Name o	f Person		phone Number
Enclosed is a check for the	ne 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		Street Address: Registration Section	
Registration S Division of C		Division of Corpora	
P.O. Box 632		The Centre of Tallal	
Tallahassee, l	FL 32314	2415 N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Tallahassee .	, Florida ³	2301
New Registered Office Address:	1201 Hays Street Enter	Florida street address	
	1201 Have Street		
Name of New Registered Agent:	Corporation Service Compan	у	
gent and/or the new registered office addr	ess here:		
. If amending the registered agent and/or		ur records, enter the na	me of the new regis
			<u> </u>
		-	00
Mailing address MAY BE A POST OFFICE	<u></u>		<u>. 3 5 </u>
nter new mailing address, if applicable:			<u> 5:</u>
			······································
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
nter new principal offices address, if appl	icable:		F1
-		an congration see of the	
he new name must be distinguishable and contain the	words "Limited Liability Company"	the designation "LLC" or the	abbreviation *L.L.C."
. I contending names the me new name	or ene minisce manimel comban	il maila,	Ξ:
. If amending name, enter the new name	of the limited liability compan	v here:	,
his amendment is submitted to amend the fo	llowing:		
lorida document number L23000558835	 .		100
he Articles of Organization for this Limited	Liability Company were filed or	December 21, 2023	and assigned
(1.111111111111111111111111111111111111	ited Liability Company as it now as (A Florida Limited Liability Compa	inv)	

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
MGR	RICHARD J. LANGNAS	4250 Coral Ridge Drive, Suite 201	□Add
		Coral Springs, Florida 33065	≣Remove
			Change
MGR	MEDLINE INDUSTRIES, LP	3 Lakes Dr	🖹 Add
		Northfield, Illinois 60093	□Remove
		·	□Change
			□Add
			☐Remove
		•	Π <u>π</u>
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			□ Add
			□Remove
			☐ Change

				
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ctive date, if other than the date effective date is listed, the date must be s	e of filing:	a data of Gling or more th	(optional)	cuant to EOS OT
If the date inserted in this block of	loes not meet the applica			
ment's effective date on the Depart	ment of State's records.			
ord specifies a delayed effective dat	e, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after th
filed.				
	2024			
February 8				
d	,	-· · /		
d February 8	,	M		

Filing Fee: \$25.00