

L24000157315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

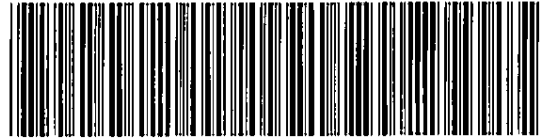
(Business Entity Name)

(Document Number)

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11/08/24--01016--017 **25.00

APPROVED
AND
FILED

2024 NOV - 8 PM 12:10

RECEIVED
FEB 15 2025
FEB 15 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Durable Medical Equipment 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:

Chris Crawford

Name of Person

United Medical Supply USA LLC

Firm/Company

3825 HENDERSON BLVD STE 300

Address

TAMPA, FL 33629

City/State and Zip Code

INFO@UNITEDMEDICALSUPPLYUSA.COM

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

For further information concerning this matter, please call:

CHRIS CRAWFORD

352 213-6423
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

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

DURABLE MEDICAL EQUIPMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

APPROVED
AND
FILED
2024 NOV - 8 PM 12:10
CLERK OF STATE
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on 04/02/2024 and assigned
Florida document number L24000157315.

This amendment is submitted to amend the following:

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

UNITED MEDICAL SUPPLY USA 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:

3825 HENDERSON BLVD STE 300

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33629

Enter new mailing address, if applicable:

3825 Henderson Blvd. STE 300

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33629

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:

CHRIS CRAWFORD

New Registered Office Address:

3825 Henderson Blvd STE 300

Enter Florida street address

TAMPA

City

Florida 33629

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

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>	<u>Address</u>	<u>Type of Action</u>
MMGR	ARMANDO GARCIA JR	3825 HENDERSON BLVD STE 300	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33629	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	CHRISTOPHER CRAWFORD	3600 ITHACA ST N	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33713 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 6 JANUARY 2025

Signature of a member or authorized representative of a member

ARMANDO GARCLA JR

Typed or printed name of signee

Filing Fee: \$25.00