

L24000216937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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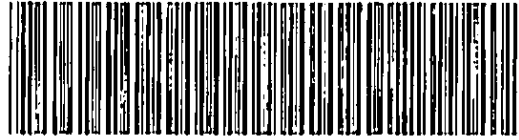
**\*\*IMAGE UPDATE\*\***

The image was updated  
due to the customer  
notifying our office  
the wrong document  
number was listed.  
the customer has provided new  
articles for processing  
-J.Dennis 06/04/2024

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JUN 11 2024

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600429991226

**FILED**

**May 31, 2024 08:00 AM**

**Secretary of State**

05/31/24--01004--023\*60.00

*ML*

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legacy Advanced Health Products LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Jo "Sandy" Peters  
Name of Person

Heal Pro Healthcare Supply LLC  
Firm Company

13475 Atlantic Blvd Unit 8 #885  
Address

Jacksonville, FL 32225  
City State and Zip Code

info@healprohealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Durn at 904, 319-5297  
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

Legacy Advanced Health Products 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 5/8/2024 and assigned Florida document number L24000216937.

This amendment is submitted to amend the following:

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

Heal Pro Healthcare Supply 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)

13475 Atlantic Blvd  
Unit 8 #885  
Jacksonville, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13475 Atlantic Blvd  
Unit 8 #885  
Jacksonville, FL 32225

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:

New Registered Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
*Enter Florida street address*  
\_\_\_\_\_, Florida  
City

2024 MAY 31 AM 8:00  
FILED  
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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

