

L24000 216 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

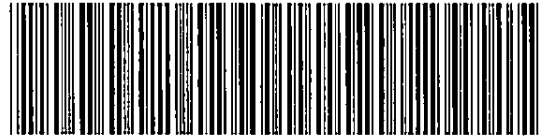
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2024 AUG -8 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG -8 AM 10:17
DALLAS, TEXAS
FALL AND ASSOCIATES, FLORIDA

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealPro Healthcare Supply 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:

Sandra J Peters
Name of Person

HealPro 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 Dunn at (904) 319-5297
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL
2024 AUG -8 AM 10:22

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**

HealPro Healthcare Supply 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 May 9, 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:

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY SEEN
TALLAHASSEE
2024 MAY - 9 AM 10: 22

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>
MGR	Sandra J Peters	13475 Atlantic Blvd Unit 8 # 885 Jacksonville, FL 32225	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 JUN - 22
SECRETARY
TALLAHASSEE
FL 32302

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

Multiple horizontal lines for amending information.

2024 AUG - 8 11:10:22
SECRETARY OF STATE
TALLAHASSEE, FL

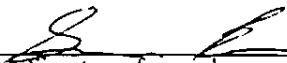
E. Effective date, if other than the date of filing: _____ (optional)

(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 8-8-2024



Signature of a member or authorized representative of a member

Sandra J Peters

Typed or printed name of signee