

L24 000 301 893

Via

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

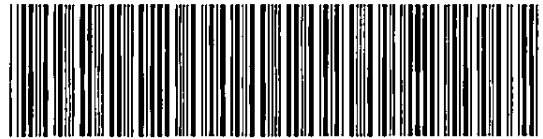
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900432960959

2024 JUL 17 PM 4:01

2024 JUL 17 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nti Medical Supplies 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:

Cathy L Nti / CEO
Name of Person
Nti Medical Supplies LLC
Firm/Company
2719 Hollywood Blvd #L-284
Address
Hollywood Florida 33020
City/State and Zip Code
info@ntimedicalsupsupplies.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy L Nti / CEO at 754 240-4254
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Nti Medical Supplies 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 _____ and assigned Florida document number _____.

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)

2719 Hollywood Blvd L-284

Hollywood Florida, 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2719 Hollywood Blvd L-284

Hollywood Florida, 33020

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:

Shakeeva Y. Nti

New Registered Office Address:

4650 Portifono Way

Enter Florida street address

West Palm Beach Apt 304

, Florida 33409

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

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	Shakeeva Yaa Nti	2719 Hollywood Blvd L-284	<input checked="" type="checkbox"/> Add
		Hollywood florida ,33020 L-284	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Christina A Nti	2719 Hollywood Blvd L-284	<input checked="" type="checkbox"/> Add
		Hollywood Florida 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Rashawn Agyemang Nti	2719 Hollywood Blvd L-284	<input checked="" type="checkbox"/> Add
		Hollywood Florida 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Malachi K. Davis	2719 Hollywood Blvd L-284	<input checked="" type="checkbox"/> Add
		Hollywood Florida ,33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Rashawn Kofi Nti		<input type="checkbox"/> Add
		2719 Hollywood Florida ,33020 L-284 new adress	<input type="checkbox"/> Remove
		Hollywood Florida 33020	<input checked="" type="checkbox"/> Change
CEO	Cathy L Nti		<input type="checkbox"/> Add
		New address 2719 Hollywood Blvd L-284	<input type="checkbox"/> Remove
		Hollywood Florida, 33020	<input checked="" type="checkbox"/> Change

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

^{Mark to}
Title Change CEO: Ex Authorized user
Cathy L Nti

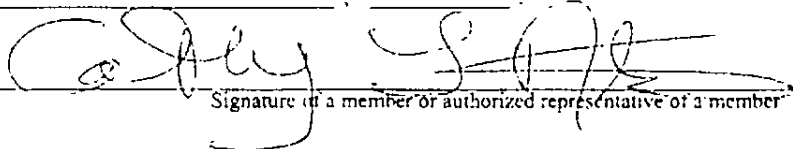
E. Effective date, if other than the date of filing: _____ (optional)

(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 7/31/2024


Signature of a member or authorized representative of a member

Cathy L. Nti

Typed or printed name of signee

Filing Fee: \$25.00