

PP0000 16697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

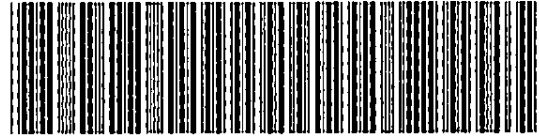
(Business Entity Name)

(Document Number)

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08/16/20--01030--023 ++30.00

10/14/20--01030--003 ++35.00

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2020 OCT 16 AM 10:44  
CLERK OF COURT  
JULIA HASSLER, FL

OCT 19 2020

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Disabled Veterans Medical Supply Equipment Inc.  
DOCUMENT NUMBER: P19000016697

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Litsky  
Name of Contact Person  
Disabled Veterans Medical Supply Equipment Inc.  
Firm/ Company  
110 East Broward Blvd #1720  
Address  
Ft. Lauderdale FL 33301  
City/ State and Zip Code  
hlitsky@Dumso.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Litsky at ( 954 ) 270 5015  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

of  
Disabled Veterans Medical Supply Equipment Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)  
D191116-697

P19000016697

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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2020 OCT 14 PM 1:11

Name of New Registered Agent \_\_\_\_\_  
 \_\_\_\_\_  
 (Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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JANUARY 1, 1901

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:  
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PTD as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☐ Add      SV      Sally Smith

Type of Action      Title      Name      Address  
(Check One)

1) ☐ Change

☒ Add

☐ Remove

2) ☐ Change

☒ Add

☐ Remove

3) ☐ Change

☒ Add

☐ Remove

4) ☐ Change

☒ Add

☐ Remove

5) ☐ Change

☐ Add

☒ Remove

6) ☐ Change

☐ Add

☐ Remove

CEO      John McCleod

110 E. Broward Blvd #1720  
Ft Lauderdale FL  
33301

CFO      Lord Paul Johnson

110 E. Broward Blvd #1720  
Ft Lauderdale FL  
33301

COO      Chris Brice

110 E. Broward Blvd #1720  
Ft Lauderdale FL  
33301

CAO      Helen Litsky

110 E. Broward Blvd #1720  
Ft Lauderdale FL  
33301

COO      William Wilson Sr

6099 Babylon Crest  
Columbia MD  
21045

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TALLAHASSEE, FL

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

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DEPT. OF STATE  
TALLAHASSEE, FL

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: October 6 2020  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated 10/6/20

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Helen Litsky  
(Typed or printed name of person signing)

CAO  
(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FL

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