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2023 JAN 17 PH 1: 20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLUE STAR MED	DICAL SUPPLY INC.	
DOCUMENT NUM	BER: 122000091786		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RYAN GREENE		
		Name of Contact Person	
		Firm/ Company	
	230 NE 40TH ST		
		Address	
	OAKLAND PARK FL 33334	1	
		City/ State and Zip Code	•
	dmecompliance628@gmail.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Ryan Greene		at (954	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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

Articles of Amendment Arti

titles or remembers	
to	
icles of Incorporation	•
of	1-

BLUE STAR MEDICAL SUPPLY INC.				
(Name of Corporati	on as currently	filed with the Florid	á Dept/of State)Pij :	20
P22000091786			., ,	2.1
(Docum	nent Number of (Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>FI</i>	lorida Profit Corpord	ation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A	mpany," or "incorpo professional corpore	orated" or the abbreviation name must contain	on "Corp" n the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI				
		_		
C. Enter new mailing address, if applicable:	3.0			
(Mailing address MAY BE A POST OFFICE BO	<u>IX</u>)			
				
			· · · · · · · · · · · · · · · · · · ·	<u>.</u>
D. If amending the registered agent and/or registe	red office addre	ss in Flor <u>ida, enter</u>	the name of the	
new registered agent and/or the new registered				
Name of New Registered Agent				<u>.</u>
	(Florida stree	et address)		_
New Registered Office Address:			, Florida	
	(((ity)	(Zip (Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	zistered Agent: - Lam familiar wi	th and accept the ob	ligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	•			
	utima aCN D .	mintaged Appear if the	maina	_
Sign	anure oj ivew Reg	gistered Agent, if cha	ngmg	

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		DANTE HINES	3620 Coral Tree cir
X Add				Coconut Creek FL 33073
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

mending or adding additional Art ach additional sheets, if necessary).			
			
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an amendment provides for an exc	hange, reclassification, or cand	ellation of issued shares.	
ovisions for implementing the am			
(if not applicable, indicate N/A)	0		- 1.
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The date of each amendment(s) adoption: January 12, 2023, if other than the
Effective date if applicable: 1 (no more than 90 days after amendment file date)
f (no more than 90 days after amenament 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)
Signature (By a director, president or other officer – if directors or officers have not been colored by an incorporator, if in the hands of a receiver trustee, or other court
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
RYAN GREENE
(Typed or printed name of person signing) (Title of person signing)