

L20000 374 666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

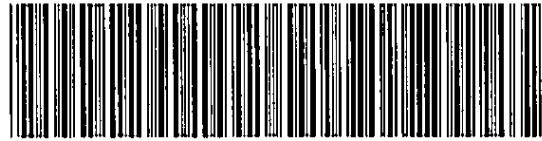
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200356834972

12/23/20--01008--004 **25.00

2/2/21
SA

FILED
2020 DEC 23 PM 12:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRYSTAL RIVER MEDICAL 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:

ASHOK BUDDHADEV
Name of Person

Firm/Company

1038 W. ROLLINGWOOD CT
Address

HERNANDO FL 34442
City/State and Zip Code

ashokdev@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHOK S BUDDHADEV at (937) 726-8417
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**

CRYSTAL RIVER MEDICAL 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 8 AM 11/30/2020 and assigned Florida document number L20000374666

This amendment is submitted to amend the following:

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

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)

FILED
2020 DEC 23 11:18:07

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: SAME

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

City

Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

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

ii 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>
AMBR	K & B LLC	1038 W. ROLLINGWOOD CT	<input type="checkbox"/> Add
		HERNANDO FL 34442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KETBEN LLC	1038 W. ROLLINGWOOD CT	<input checked="" type="checkbox"/> Add
		HERNANDO, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 DEC 23 PM 12:07
FILED

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

Multiple horizontal lines for amending information.

FILED
2020 DEC 23 AM 12:07

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 DECEMBER 18, 2020

ASHOK G. BUDDHADEU
Signature of a member or authorized representative of a member

ASHOK G. BUDDHADEU
Typed or printed name of signer