

L22 000083709

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

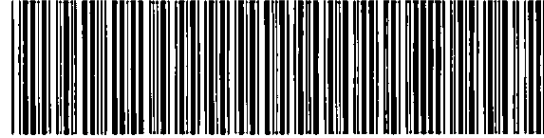
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JUN - 7 2022

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TALLAHASSEE, FLORIDA

JUN 6 PM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN - 6 AM 11:00

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOUTH FLORIDA RHEUMATOLOGY, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

06/06

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH FLORIDA RHEUMATOLOGY, 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:

COMPLIANCE DEPARTMENT
Name of Person
ATHENA MEDICAL MANAGEMENT GROUP, LLC
Firm/Company
12350 NW 39TH STREET, SUITE 200
Address
CORAL SPRINGS, FL 33065
City/State and Zip Code
legal@athena-medical.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COMPLIANCE DEPARTMENT at (954) 906-9536
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**

FILED
2022 JUN -6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

SOUTH FLORIDA RHEUMATOLOGY, 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 02/28/2022 and assigned Florida document number L22000083709.

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:

4700-C SHERIDAN ST

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

12350 NW 39TH ST STE 200

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS, FL 33065

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:

ATHENA MEDICAL MANAGEMENT GROUP, LLC

New Registered Office Address:

12350 NW 39TH ST STE 200

Enter Florida street address

CORAL SPRINGS

City

Florida 33065

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>
AMBR	SOUTH FLORIDA MEDICAL ASSOCIATES LLC	12350 NW 39TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
MGR	ATHENA MEDICAL MANAGEMENT GROUP, LLC	12350 NW 39TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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