

M16000002381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

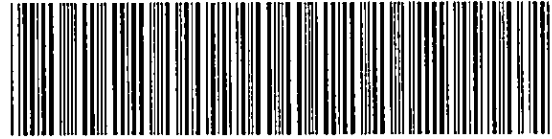
(Document Number)

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FILED

May 24, 2019 08:00 AM

Secretary of State

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEE RCM LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Bell

Name of Person

Kipu Health LLC

Firm/Company

55 Alhambra Plz., Fl. 6

Address

Coral Gables, FL 33134

City/State and Zip Code

brian.bell@kipu.health

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Bell

Name of Person

at (561) 349-5918

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED
May 24, 2019 08:00 AM
Secretary of State

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: LEE RCM LLC

Enter new principal office address, if applicable: 55 Alhambra Plz., Fl. 6
Coral Gables, FL 33134
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 55 Alhambra Plz., Fl. 6
Coral Gables, FL 33134
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M16000002381

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/21/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Kipu Health LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Jeffrey Fiorentino


New Registered Office Address: 55 Alhambra Plz., Fl. 6

Enter Florida Street Address

Coral Gables, Florida 33134
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Todd Lee</u>	<u>1625 S Congress Ave Ste 300</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33445</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Jeffrey Fiorentino</u>	<u>55 Alhambra Plz., Fl. 6</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Remove
<u>GC</u>	<u>Grant Lachman</u>	<u>1625 S Congress Ave Ste 300</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33445</u>	<input checked="" type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 Signature of the authorized representative

Jeffrey Fiorentino
 Typed or printed name of signee

Filing Fee: \$25.00