

M22000012853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

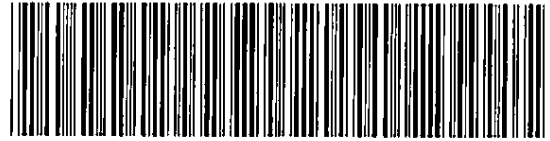
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

FEB - 1 2024

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Ret. 02/05/24

FILED  
2024 FEB - 5 PM 3:40  
SECRETARY OF STATE  
111 S. W. 10th St. Tallahassee, FL 32301



January 22, 2024

Florida Department of State  
Division of Corporation  
Attention: Jalesa S Dennis  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Amendment to Certificate of Authority for Reliable HealthCare Logistics, LLC  
Document Number: M22000012853

Dear Ms. Dennis,

Please take this letter as my response to your request for Registered Agent Signature. Enclosed you will find a full executed page 3 and 4. Please move forward in completing our request and remove Robert Gerstein as an Authorized Person. Mr. Gerstein is no longer with the company.

Sincerely,

A handwritten signature in black ink, appearing to read "Lizbeth Hernandez", is written over a circular stamp or seal.

Lizbeth Hernandez  
Regulatory Compliance Specialist

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reliable HealthCare Logistics, 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:

Tyler Kattawar or Larry Russell

\_\_\_\_\_  
Name of Person

Reliable HealthCare Logistics, LLC

\_\_\_\_\_  
Firm/Company

4105 S. Mendenhall Road

\_\_\_\_\_  
Address

Memphis, TN 38115

\_\_\_\_\_  
City/State and Zip Code

951license@rhcl3pl.com

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

For further information concerning this matter, please call:

Tyler Kattawar at ( 901 ) 603-7539  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**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

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

CR2E055 (9/15)

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

**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: Reliable HealthCare Logistics, LLC

Enter new principal office address, if applicable: 4105 S. Mendenhall Road  
Memphis, TN 38115  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 951 Clint Moore Road  
Suite A  
Boca Raton, FL 33487  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M22000012853

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/12/2022

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

5. New name of the limited liability company: \_\_\_\_\_  
(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.")

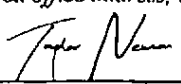
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Northwest Registered Agent LLC

New Registered Office Address: 7901 4th St N, Ste 300

*Enter Florida Street Address*  
St. Petersburg, Florida 33702  
*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

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TALLAHASSEE, FLORIDA

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

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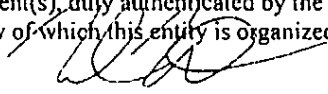
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removing Robert Gerstein as an Authorized Person

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Tyler Kattawar	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Member	Mike Kattawar Sr.	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Member	Mike Kattawar	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Authorize	Robert Gerstein	951 Clint Moore Road, Suite A	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Tyler Kattawar

Typed or printed name of signee

Filing Fee: \$25.00