

104 000028479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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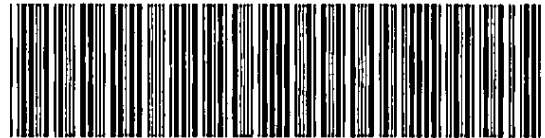
(Business Entity Name)

(Document Number)

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22 FEB -2 PM 3:09

T. MATTHEWS

FEB 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RITECARE MEDICAL CENTER, 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:

MICHELLE CHUOR

Name of Person

CARBON HEALTH MEDICAL GROUP OF FLORIDA, P.A.

Firm/Company

300 CALIFORNIA STREET, 7TH FLOOR

Address

SAN FRANCISCO, CA 94104

City/State and Zip Code

LEGAL@CARBONHEALTH.COM

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

For further information concerning this matter, please call:

MICHELLE CHUOR

415 375-0272

at ()

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**

22 FEB -2 PM 3: 09

RITECARE MEDICAL CENTER, 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 APRIL 14, 2004 and assigned
Florida document number LD4000028479.

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:

915 W 49TH STREET

(Principal office address MUST BE A STREET ADDRESS)

HALEAH, FL 33012

Enter new mailing address, if applicable:

300 CALIFORNIA STREET

(Mailing address MAY BE A POST OFFICE BOX)

SAN FRANCISCO, CA 94104

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:

CT CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

Florida 33324

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.

DocuSigned by:

Timell Kearney Assistant Secretary

FAJ362EFGGAC4C7
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>
MGR	JOUKAR, HOSSEIN	915 W 49TH STREET, HIALEAH, FL 33012	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUJAL MANDAVIA	300 CALIFORNIA STREET, 7TH FLOOR	<input checked="" type="checkbox"/> Add
		SAN FRANCISCO, CA 94104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated January 25 2022

Suyal Mandavia

~~857AED:AA5084E3~~

Signature of a member or authorized representative of a member

SUJAL MANDAVIA

Typed or printed name of signee