

L05000/12109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

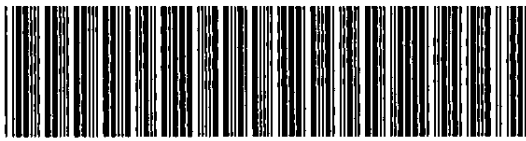
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/22/13--01056--018 **25.00

FILED
13 JAN 22 PM 2:09
JAN 22 2013
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 24 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR CONTROLS, 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:

Drew Roberts

Name of Person

DR CONTROLS, LLC

Firm/Company

1809 NW 143rd Street

Address

Gainesville, FL 32606

City/State and Zip Code

droberts2005@bellsouth.net

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

For further information concerning this matter, please call:

Drew Roberts

Name of Person

352 275-6552

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DR CONTROLS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 JAN 22 PM 2:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/15/2005 and assigned
Florida document number L05000112109.

This amendment is submitted to amend the following:

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

RHYTHMS IN HEALTH, LLC

The new name must be distinguishable and end with 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)

1809 NW 143rd Street

Gainesville, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Beverly Roberts

New Registered Office Address:

1809 NW 143rd Street

Enter Florida street address

Gainesville

Florida 32606

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 608, 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.

Beverly Roberts
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Drew Roberts	1809 NW 143rd Street	<input type="checkbox"/> Add
		Gainesville, FI 32606	<input checked="" type="checkbox"/> Remove
MGR	Beverly Roberts	1809 NW 143rd Street	<input checked="" type="checkbox"/> Add
		Gainesville, FI 32606	<input type="checkbox"/> Remove
MGRM	Drew Roberts	1809 NW 143rd Street	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated January 15, 2013



Signature of a member or authorized representative of a member

Drew Roberts

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00