

L120000 88180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

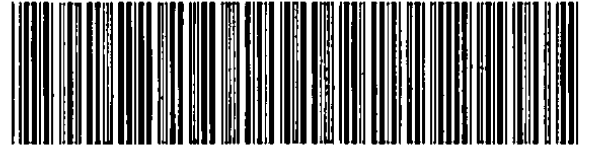
(Business Entity Name)

(Document Number)

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2019 SEP -9 PM 1:07  
SOUTH DAKOTA  
FALL RIVER, IOWA

FILED

SEP 17 2019

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ritecare Health, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANH-PHUONG NGUYEN VU  
Name of Person

Ritecare Health LLC  
Firm/Company

545 Short Pine Circle  
Address

Orlando, FL 32807  
City/State and Zip Code

anhvu30andhappy@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANH-PHUONG NGUYEN VU at ( 407 ) 683-7067  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Ritecare Health, LLC FILED

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

2013 SEP -9 PM 1:07

The Articles of Organization for this Limited Liability Company were filed on 7/6/2012 assigned  
Florida document number L12000088180

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12014 E. Colonial Drive  
Suite 140  
Orlando, FL 32826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

545 Short Pine Circle  
Orlando, FL 32807

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 add 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          | Tu Jenny Nguyen | 1168 Adams Drive   | <input type="checkbox"/> Add               |
|              |                 | San Jose, CA 95132 | <input checked="" type="checkbox"/> Remove |
|              |                 |                    | <input type="checkbox"/> Change            |
|              |                 |                    | <input type="checkbox"/> Add               |
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|              |                 |                    | <input type="checkbox"/> Change            |

[illegible]**Filing Fee: \$25.00**

Tu Jenny Nguyen

1168 Adams Drive  
San Jose, CA 95132  
408-507-8820  
tujennyus@yahoo.com


September 3<sup>rd</sup>, 2019

To whom It May Concern:

Please accept this letter as a formal notification that I am no longer a part owner of the Ritecare Health LLC (DBA Ritecare Pharmacy) on September 3<sup>rd</sup>, 2019.

Attach to this letter is our contract of the sellers and buyers. If I can be of any assistance during this transition, please let me know.

Sincerely,

  
Tu Jenny Nguyen

9/4/19

