#1/200014/6902

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K.SALY EXAMINER APR 2 4 2014

COVER LETTER

то:	Registration Sect Division of Corpo			
OUDI	RS Me	edicalHolding	s LLC	
SUBJI	EC1:		ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Ruben Salar	ma	
			Name of Person	
		RS Medical	Holdings LLC	
			Firm/Company	
	•	21097 NE 2	7th Ct, Suite 335	5
			Address	
		Aventura, Fl	33180	
			City/State and Zip Code	
		contact@epsmia	mi.com to be used for future annual report notif	ication)
For fu	ther information cor	ncerning this matter, please ca	·	
	en salam			R51
Tul	Name of I		at (786) 42323	e Telephone Number
			·	•
Enclos	sed is a check for the	following amount:		
■ \$2	5.00 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

	F	11	ED	
20,	Y APR	21	_	
/4 <u>[]</u> <u>s.</u>)	CRETAL MHASS	EF F	AM 10: 5: STATE	S

RS Medical Holdings LLC

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

	• • •	CE, FLORIAGE
The Articles of Organization for this Limited Liabili	ty Company were filed on 11/21/2012	and assigned
Florida document number L12000146902	 .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
	•	enter the name of the
	•	enter the name of the
	•	enter the name of the
Name of New Registered Agent:	•	enter the name of the
registered agent and/or the new registered office	•	enter the name of the
	address here:	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ruben Salama	21097 NE 27th Ct, #33	5 _□ Add
		Aventura, FL. 33180	Remove
MGR	Ruben Salama	21097 NE 27th Ct, #33	5Add
		Aventura, FL. 33180	🗆 Remove
***************************************			□ Add
			□ Add
			Remove
			□ Add
			Remove
			□ Remove

amending any other information		
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ective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florida	e of filing: prior to date of receipt or filed date and cannot be more tha Department of State)	(optional) n 90 days after
date this document is filed by the Florida	e of filing: prior to date of receipt or filed date and cannot be more that Department of State) 2014	(optional) n 90 days after
e date this document is filed by the Florida ated April 15,	Department of State) 2014	n 90 days after
ne date this document is filed by the Florida ated April 15,	Department of State)	n 90 days after

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Filing Fee: \$25.00