Dec 13 2019 02:48PM Fax2 15612968430 Division of Corporations

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# TO

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## OF

RRR HEALTH, LLC		·····	
(Name of the Limited Liability Comp (A Florida Limited	Lisbihty Company)	<i>(u</i> )	
The Articles of Organization for this Limited Liability Company	y were filed on <u>04/22/2016</u>	8 <u>n</u>	d assigned
lorida document number L16000079328			
his amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited lia</u>	blitty company here:		
he new name must be distinguishable and contain the words "Limited Liab	iter Comments " the designation "I I C"	or the abbreviator	m MICOR
,	inty company, the designation and	OF the addressart	M 13.6 C.
Inter new principal offices address, if applicable:			
Principal office address MUST BE <u>A STREET ADDRESS</u> )	<u> </u>	·····	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<del>. · .</del>
		- <u> </u>	£39+j99+j
			11
. If amending the registered agent and/or registered office	address on our records, <u>enter (</u>	(), 2	e ne <u>sy regist</u>
gent and/or the new registered office address here:		$\mathbb{H}_{\mathbb{H}}$	177
			1 1
Name of New Registered Agent:	<u></u>		
New Registered Office Address:		μ	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
	Flo	orida	
	Cùy	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 added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ALLISON GUYEN	4308 ALTON ROAD STE 710	🗆 Add
		MIAMI BEACH, FL 33140	🗍 Remove
P. MGR	Jeffrey Travis Baker, D.O.	4308 ALTON ROAD STE 710	🗆 Add
		MIAMI BEACH, FL 33140	TRemove
			Change
MGRM	Ceak Sengua, MD	4308 ALTON ROAD STE 710	bbAE
		MIAMI BEACH, FL 33140	
			Change
			🗆 Add
			CRemove
			⊡Add
			🗋 Change
<b></b>			🗆 Add
			🗆 Remove
			□Change

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

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

December 13th	Λ	$\Box$	2019		
G	Jun	Ł			
Signature of a member or authorized representative of a member					

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signee