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COVER LETTER

Division of Cor	perations		
	Michael Rus	o L.I.C	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mike Ruso		
		Name of Person	
	Michael Ruso LLC		
		Firm/Company	
	769 W Oakland Ave.		2023 TALL
		Address	
	Oakland, FL 34787 / Apt 2	114	28 J.11 - 9
	mikeruso@yahoo.com	City/State and Zip Code	2023 J.1.1 - 9 PH 1: 22 S.1 ALL AHAUSEL FLOORING
en en en en en en		to be used for future annual report notif	ication) 2
	concerning this matter, please of		
Mike Ruso			
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Sec	tion
Registration	Section	Registration Sec	Alon

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Ruso LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	olity company here:	
Arc Medical Realty LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	Oakland, FL 34787	76 20
	Apt. 2114	- E3
		5 1.
Enter new mailing address, if applicable:	769 W Oakland Ave	Σ_{-} U_{-}
Mailing address MAY BE A POST OFFICE BOX)	Oakland, FL 34787	<u> </u>
Maning dauress MAT BE A FOST OFFICE BOAT	Apt. 2114	
		- N
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new regist
Truthe of Few Registered Figure.		
New Registered Office Address:	Enter Florida street addr	ess
	, I	Florida
	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.

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>	Address	Type of Action
		-	□ Add
			□Remove
			Change
			□ Add
		□Remove	
			□ Change 2023
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n nee J	the total all the following terms (and		
(If an eff	ive date, if other than the date of filing: (opti ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte	r filing.) Pursua	int to 605.020
Ante.	If the date inserted in this block does not meet the applicable statutory filing requirements, thinem's effective date on the Department of State's records.	is date will no	n de fisieu as
docum	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (but	b) The 90th	day after the
docum	led.	b) The 90th	day after the
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Filing Fee: \$25.00