

L19000133411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

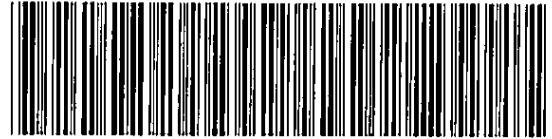
(Document Number)

Certified Copies _____ Certificates of Status _____

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Tomorrow
June 21, 2019

Office Use Only



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D SCOTT
JUN 21 2019



LISA MOODY, PARALEGAL
(850) 205-8173
LMOODY@DEALERLAWYER.COM

VIA HAND DELIVERY

June 20, 2019

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment of Articles of Organization
RNHD Ocala, LLC – Document No. L19000133411


Dear Sir or Madam:

Please find enclosed an original of the referenced Articles of Amendment, along with Bass Sox Mercer check #5334 in the amount of \$25.00 for the filing fee.

Please file the Articles of Amendment and provide our runner with a file stamped copy for her to return to our office. I understand that hand delivered items are filed at the time of delivery.

If you have any questions, please do not hesitate to contact me. Thank you very much.

Sincerely,


Lisa Moody

Enclosures

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JUN 20 A 2:58
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RNHD Ocala, 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:

Lisa Moody

Name of Person

Bass Sox Mercer

Firm/Company

2822 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

LMoody@dealerlawyer.com

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

For further information concerning this matter, please call:

Lisa Moody

850 205-8173
at ()

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

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JUN 20 A 2:58

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

RNHD Ocala, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 16, 2019 and assigned
Florida document number L19000133411.

This amendment is submitted to amend the following:

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

RHND Ocala, LLC

The new name must be distinguishable and contain 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)

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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Note: 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.

Dated June 20 2019

Robert A. Bar

Signature of a member or authorized representative of a member

Robert A. Bass, Esquire

Typed or printed name of signee