

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850)617-6383

**From:**

Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**RHND OCALA, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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SEP 12 2022

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

H22000312379

RHND 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:**

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. On, 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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Lyle Kramper	901 W. Walnut Hill Lane, Suite 110A	<input checked="" type="checkbox"/> Add
		Irving, TX 75038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Coutler	901 W. Walnut Hill Lane,	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Tkach	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving TX 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Levy	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Alexander	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Denmar J. Dixon	901 W. Walnut Hill Lane, Suite 110A	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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

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AMBR = Authorized Member

ADDRESS

TYPE OF ACTION

MGR	Richard A. Gary	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving, Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Marchlik	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving Texas 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Westfall	901 W. Walnut Hill Lane	<input type="checkbox"/> Add
		Irving TX 75038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Michael Francis	901 W. Walnut Hill Lane, Suite 110A	<input checked="" type="checkbox"/> Add
		Irving Texas 75038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

**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.

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.

Dated September 8 2022

Signature of a member or authorized representative of a member:

**Marshall Chesrown**

Typed or printed name of signer