Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : CAPITOL SERVICES, INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHEUMATOLOGY & WELLNESS HOLDING, LLC.

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Corporate Filing Menu

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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		RHEUMATOLOGY & WELLNESS HOLDING, LLC.			
SUBJEC	•	Name of Limi	ted Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Charles R. Norris, Esq.			
			Name of Person		
		Lydecker Diaz			
			Firm/Company	•	
		1221 Brickell Ave, 19th Fl	оот		
			Address	-	
		Miami Fl, 33131			
City/State and Zip Code					
		en@lydeckerdiaz.com		<u></u> -	
		·	io be used for future annual report no	tification)	
For furthe	er information o	oncerning this matter, please ca	al):		
Charles R. Norris, Esq. 305 416-3190 at ()					
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	0 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, FI. 32314		STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassec, FL	orations Center Circle		

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Taylor Seay 8004323622

(04/06) 09/26/2019 02:10:47 PM H19000288522 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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19 SEP 26 PH	4:3n
TALLAND SOLL	TATE TRIDS

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	and assigned	
	and assigned	
The Articles of Organization for this Limited Liability Company were filed on June 19, 2019		
Florida document number L19000153742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
RHEUMATOLOGY & WELLNESS HOLDING, PLLC.		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "I,,I,,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 registered agent and/or the new registered office address here:	r the name of the	
Name of New Registered Agent:		
New Registered Office Address:		
, Florida _	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 a	aree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.