

L200000 89228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04/16/20--01007--001 \*\*25.00

2020 APR 16 AM 8:12

FILED  
CLERK OF SUPERIOR COURT  
JANUARY 16, 2020

CAP  
4/30/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REVIVE MEDICAL CENTER 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

Richard WALTZER  
Name of Person

REVIVE MEDICAL CENTER LLC  
Firm/Company

2425 EAST COMMERCIAL BLVD Suite 203  
Address

FORT LAUDERDALE, FLORIDA 33308  
City/State and Zip Code

FLORIDARICH@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard WALTZER at ( 954 ) 931-9787  
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 Address:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

REVIVE MEDICAL CENTER 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 03/25/2020 and assigned  
Florida document number L20000089228

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. 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

2020 APR 16 AM 8:12

FILED  
MAR 25 2020  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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>
MGR	Richard WALTZER	2425 E. Commercial Blvd #203 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Add

\_\_\_\_\_  
☐ Remove

☐ Change

MGR	BROOKE WALTZER	2425 E. Commercial Blvd #203 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Add
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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 04/13/2020  
  
 Signature of a member or authorized representative of a member  
Richard WALTZER  
 Typed or printed name of signer

**Filing Fee: \$25.00**