

h70 000 125808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

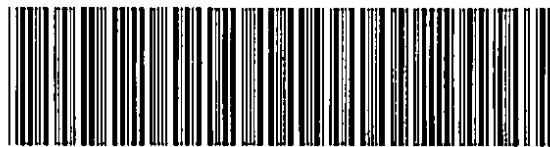
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S TALENT  
AUG 11 2020

2020 AUG 19 PM 6:17

Answer  
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N/C



2020 AUG 10 PM 2:01

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2020

JOSEPH RADICH  
636 FERN ST.  
WEST PALM BEACH, FL 33401

SUBJECT: R3 MEDICAL GROUP, LLC  
Ref. Number: L20000125808

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

THE ARTICLES OF ORGANIZATION ARE INCLUDED. PLEASE SEE THE CORRECT ENTITY NAME AND AMEND ACCORDINGLY.

PLEASE PLACE A TITLE OF MANAGER OR AUTHORIZED MEMBER FOR NICOLE RINTRONA.

*\*We do not wish to have Nicole Rintrona as either. Please disregard.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00014690

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R3 Health Group  
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:

Joseph Radich  
Name of Person

\_\_\_\_\_  
Firm/Company

636 Fern St.  
Address

West Palm Bch, FL 33401  
City/State and Zip Code

Joseph@renewmedical.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Radich at (845) 863 4400  
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**

~~R3 Health Group~~ R3 Medical Group, 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 5/8/20 and assigned  
Florida document number L20000125808.

This amendment is submitted to amend the following:

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

R3 Health Network 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)

1636 Fern Street  
West Palm Bch, FL 33401

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:

Michael R. Rinkona

New Registered Office Address:

1636 Fern Street

Enter Florida street address

West Palm Beach, Florida 33401  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

\* Name

\* ~~Add agent~~

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

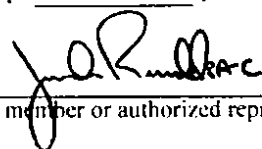
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 5/8/20

08/17/20 JR

  
Signature of a member or authorized representative of a member

Joseph Radich

Typed or printed name of signee