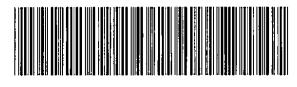
## L20000205829

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Tertified Copies	Certificates of Status
Special Instructions to	
	J. HORNE DEC - 2 2022
	Office Use Only



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PLEASE USE FUNDS FROM THIS ACCOU AUTHORIZATION SIGNATURE:	
RGS MEDICAL MANAGEMENT LLC	L20000205829
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Dir Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement

"FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_\_\_

RGS MEDICAL MANAGEMENT LLC	L20000205829
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit	X Amendment Resignation of R.A. Officer/Direct
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Other

" FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437 (850) 524-624

TALLAHASSEE, FL 32309

## **COVER LETTER**

TO:

**Registration Section** 

Division of (	Corporations		
	EDICAL MANAGEMENT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROSY ALVAREZ		
	<del></del>	Name of Person	
	RGS MEDICAL MANAG	EMENT, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1500 N. DIXIE HWY,	SUITE 304	
		Address	
	WEST PALM BEACH, F	L 33401	
		City/State and Zip Code	
	ROSY@RGSMEDICALM		
	E-mail address: (	to be used for future annual report no	tification)
For further information	n concerning this matter, please c	ali:	
ROSY ALVAREZ		561 833-4033	
Nan	ne of Person		ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Solivision of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	T	0	
ART	ICLES OF O	RGANIZAT	TION 🕏 🕥
	0		S on our records.)
RGS MEDICAL MANAGEMENT	•	·	SOL THE
( <u>Name of the Limit</u>	ted Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited L	iability Company	were filed on 7/1	5/2020 and assigned
Florida document number L20000205829			
	<del></del> .		
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o			
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	DANIEL L. KA	PP, MD
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
w		1500 N DIXIE I	HIGHWAY SUITE 304
Enter new mailing address, if applicable:			EACH, FL 33401
(Mailing address MAY BE A POST OFFICE	BOX)	MEST LYPINE	15ACH, PL 35401
		<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	_	address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:	DANIEL L. KA	APP, MD	
New Registered Office Address:	1500 N DIXIE	HIGHWAY SUIT	E 304
ATHER ADDRESS OF OTHER PROPERTY.		Enter Flor	ida street address
	WEST PALM	ВЕАСН	, 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

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>	Address	Type of Action
MGR	ROSY ALVAREZ	1500 N DIXIE HIGHWAY, SUITE 304 WI	EST PALIV ■Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
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			□ Remove
			Change

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ective date, if other than the date of filing:    JANUARY 1, 2023					
ective date, if other than the date of filing:    Signature of a member of a member   January 1, 2023   (optional)	<del></del>			· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the date of filing:  ### ANUARY 1, 2023  #### (optional)  #### (optional)  ###################################					
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