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PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  entified Copies Certificates of Status  Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CU:D IE		althcare Ventures, LLC	:	
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Grant M Conway		
			Name of Person	·
		Eastern Quality Foods		
			Firm/Company	
		236 Ponte Vedra Park Driv	ve, Suite 101	2021 APR
			Address	9
		Ponte Vedra, FL 32082		P
			City/State and Zip Code	17.00 No fee
		grant@easternqualityfoods.	com to be used for future annual report notifica	: :: <u> :                      </u>
For furth	er information c	oncerning this matter, please c		non,
Grant M	Conway		904 224-5176 at ( )	
-	Name o	f Person		elephone Number
Enclosed	is a check for th	ne following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Section Division of Corporation The Control of The C	rations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eastern Healtheare Ventures, LLC			
(Name of the Lim	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)	
		7/31/2020	and assigned
Florida document number L20000229347			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	v here:	
RDDS Sprinter, LLC		€.	F-3
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbrev	
If amending name, enter the new name of the limited liability company here:  DS Sprinter, LLC  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbit of the new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  If amending the registered agent and/or registered office address on our records, enter the name and and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  John J. Rueger  236 Ponte Vedra Park Drive, Suite 101  Enter Florida street address	70 2		
Principal office address MUST BE A STREE	ET ADDRESS)		9 1
Enter new mailing address, if applicable:		1,2 = 3 - 1,4 =	PI 2: 33
	BOX)		
	£.	ur records, <u>enter the name of</u>	the new regis
Name of New Registered Agent:	John J. Rueger		
New Registered Office Address:	236 Ponte Vedra Park Drive,	Suite 101	
	Enter	r Florida street address	
	Ponte Vedra	, Florida 32082	
	City		Lip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Grant M Conway	236 Ponte Vedra Park Drive, Suite 101	
		Ponte Vedra, FL 32082	■Remove
			□ Change
MGR	John J. Rueger	236 Ponte Vedra Park Drive, Suite 101	<b>=</b> Add
		Ponte Vedra, FL 32082	Remove
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ective date, if other than the date	of filing:		(opt	tional)		
ective date, if other than the date effective date is listed, the date must be specific. If the date inserted in this block d	ecific and cannot be prio	r to date of filing or r	nore than 90 days aft	er filing.) Pu	rsuant to 60 Unot be lie	)5,026 sted :
ument's effective date on the Departr			ig requirements, o	11,, Gaile 11 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
cord specifies a delayed effective date	e, but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90	)th day atî	ter th
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	nure of a member or auth		,			

Filing Fee: \$25.00