121000001515

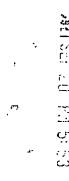
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300373641033

09/20/21--01036--022 **30.00



O Similarich -

COVER LETTER

	stration Se ion of Cor		
	•	RIO MEDI	CAL CENTER LLC
SU BJECT : _	<u> </u>	Name of Lim	ited Liability Company
		Amendment and fee(s) are sub	
		ΥU	JLEIDYS VEGA VEGA
			Name of Person
		RJ	O MEDICAL CENTER LLC
			Firm/Company
		299 /	ALHAMBRA CIR SUITE 512
			Address
		C	ORAL GABLES, FL 33134
			City/State and Zip Code
			EDICALFL@GMAIL.COM
	. ,•		to be used for future annual report notification)
For further inf		oncerning this matter, please of	
YULEIDYS VEGA VEGA			786 354-1758 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a c	check for th	ne following amount:	
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		Street Address: Registration Section
Registration Section Division of Corporations			Registration Section Division of Corporations
P.O. Box 6327			The Centre of Tallahassee
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIO MEI	DICAL CENTER LLC	$\frac{4:15:20}{\text{pr}}$	ii 5. co
(Name of the Limited I	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	```````
The Articles of Organization for this Limited Liabi Florida document number		01/04/2021	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and contain the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or regi	stered office address on our	records, enter the I	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	1
	Ciţ		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 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
AMBR	NATASCHA LUCILA LAU REGO	4973 SW 74th CT MIAMI, FL 33155	² .1 5: 53 □ Add
			≣Remove
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
***			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	#155 20 P.1 50 CO
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	ive date, if other than the date of filing: (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recorrecord is fi	rd 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 iled.
Dated	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	VIII EIDVS VEGA VEGA

Typed or printed name of signee