## LZ1 000156395

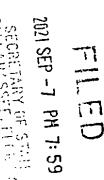
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rapha Healthcare Services of Tampa Bay 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:
Tamerua Smith Name of Person
Rapha Health Serves of Tampa Bay
(e50) Ceclerbrox Dr. S. Address
Pinelias Park FL 33782 City/State and Zip Code
Raphaheath HB c amail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TameAca Sm.th at (127) 479-2202  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP -7 PM 7:59

Zip Code

Name of the Limited Liability Companial (A Florida Limited L	SECRETARY OF STATE  ny as it now appears on our records.)  FALLAHASSEE. FLOS:  Abbility Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000156395</u> .	were filed on April 4th 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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:	6501 Cedarbrook Dr. S.
(Mailing address MAY BE A POST OFFICE BOX)	Pinellis Park, Fl 33782
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer t toriau street auaress
	, Florida

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.

Cin

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>	Name	Address	Type of Action
MGR	Tamerka Sm.th	6501 Cedarbrook Dr. S	□Add
		Pinelles Park FL 33782	□Remove
		10293 61th Ct N	©Change
AMBR	Shame, Ka Huff	Pinelies Park, FC 33782	□Add
			□Remove
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record spe is filed.	cifies a delayed ef	ffective date, but	not an effectiv	e time, at 12:01 :	a.m. on the earlier	of: (b) The 90th da	y after the
ated	September S	2	. <u>201</u> 1	·			
		Signature	of a member or as	ithorized represen	tative of a member	<del>.</del>	
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Filing Fee: \$25.00