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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

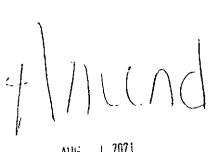
Office Use Only



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AUG ! 2021 ! ALBRITTI RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				UCC Retrieval
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COVER LETTER

	Cegistration Se Division of Cor			
CUBIEC		TH SOLUTIONS LLC		
SORTEC	1: <u></u>	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		WILLIAM ADOMANIS		
			Name of Person	
		RIZ HEALTH SOLUTIO	NS LLC	
			Firm/Company	
		5700 LAKE WORTH RD	STE 111	
			Address	
		GREENACRES, FL 3346	3	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furthe	r information c	oncerning this matter, please c	all:	
WILLIA	M ADOMANIS	5	at () Area Code Daytime	
	Name o	f Person	Area Code Duytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	O 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 Addres Registration S		Street Address: Registration Sect	tion
Division of Corporations		Corporations	Division of Corp	orations

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

RIZ HEALTH SOL			\$
(Name of the Limited Liability Com (A Florida Limite	pany <u>as it now apper</u> I Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on _	AUGUST 27, 2021	and assigned -
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limited lis	bility company l	iere:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	5700 LAKE W	VORTH RD STE 111B	
(Principal office address MUST BE A STREET ADDRESS)	GREENACRE	ES, FL 33463	
Enter new mailing address, if applicable:	5700 LAKE W	VORTH RD STE 111B	
(Mailing address MAY BE A POST OFFICE BOX)	GREENACRE	ES, FL 33463	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our	records, enter the name of	the new register
5700 1 4 4 5	WORTH RD STE	111B	
New Registered Office Address: 5700 LAKE		orida street address	
GREENACE	tES	, Florida ³³⁴⁶³	
	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, 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	WILLIAM ADOMANIS	5700 LAKE WORTH RD STE 111	
		GREENACRES, FL 33463	≅ Remove
			□Change
AMBR WILLIAM ADOMANIS	WILLIAM ADOMANIS	5700 LAKE WORTH RD STE IIIB	= Add
		GREENACRES, FL 33463	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			
		□Remove	
		[]Change	
		□Add	
			□Remove
			□ Change

uame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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inote:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	9/27/2
	Standard of growthy or with wind a new parties of a number
	Signature of a member or authorized representative of a member
	WILLIAM ADOMANIS
	Typed or printed name of signee

Filing Fee: \$25.00