## 121000433469

| (Re                                   | equestor's Name)   |           |
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| (Ac                                   | ddress)            |           |
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| (Ci                                   | ty/State/Zip/Phone | · #)      |
| PICK-UP WAIT                          |                    | MAIL      |
| (Bu                                   | usiness Entity Nam | ne)       |
| · · · · · · · · · · · · · · · · · · · | ocument Number)    |           |
| (DC                                   | ocument Number)    |           |
| Certified Copies                      | _ Certificates     | of Status |
| Special Instructions to               | Filing Officer:    |           |
|                                       |                    |           |
|                                       | Q. SILAS           |           |
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2021 MOV -2 AM 9: 07

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |  |  |
|--|---|---|--|--|--|
| RVALIDO                                | HEALTH SERVICES                                 | ·   | •  |  |  |
| SUBJECT:                               |   | , .   |  |  |  |
|  | Name of Lin                                     | ited Liability Company  |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |  |  |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |  |  |
|  | YANNELIS RODRIGUE                               | Z VALIDO  |  |  |  |
|  |   | Name of Person  |  |  |  |
|  | RVALIDO HEALTH SEI                              | RVICES LLC  |  |  |  |
|  | 13318 PULITZER AVE                              | Firm/Company  |  |  |  |
|  |   | Address   |  |  |  |
|  | TAMPA, FL 33625                                 | , indicas   |  |  |  |
|  | yannelis0208@gmail.com                          | City/State and Zip Code   | <del> </del>   |  |  |
|  | E-mail address: (                               | to be used for future annual report noti                            | fication)  |  |  |
| For further information of             | oncerning this matter, please c                 | all:  |  |  |  |
| YANNELIS RODRIGUEZ VALIDO              |   | 727 333-0608  |  |  |  |
| Name o                                 | of Person                                       | at ()<br>Area Code Daytim   | e Telephone Number   |  |  |
| Enclosed is a check for the            | he following amount:                            |   |  |  |  |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>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 Address Registration           |   | Street Address:<br>Registration Se                                  | ction  |  |  |
| Division of C                          | Corporations                                    | Division of Corporations  |  |  |  |
| P.O. Box 632                           |   | The Centre of T   |  |  |  |
| Tallahassee,                           | FL 32314  | 2415 N. Monro   | e Street, Suite 810  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 HOV -2 AM 9: 07

RVALIDO HEALTH SERVICES LLC

(Name of the Limited Liability Company as it now appears in our records.) CF 3737E
(A Florida Limited Liability Company) IM L/1737

| The Articles of Organization for this Limited Liability Florida document number 1.21000433469         |   | and assigned                          |
|---|---|---------------------------------------|
| This amendment is submitted to amend the following  |   |                                       |
| A. If amending name, enter the new name of the l  | limited liability company here:             |                                       |
| The new name must be distinguishable and contain the words "  | Limited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                                       |
| (Principal office address MUST BE A STREET AD   | DRESS)                                      |                                       |
|   | -   |                                       |
|   |   |                                       |
| Enter new mailing address, if applicable:   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       |
|   |   |                                       |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her |   | enter the name of the new registered  |
| Name of New Registered Agent:   |   |                                       |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida stree                         | t address                             |
|   |   | Florida                               |
|   | 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 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>               | <u>Address</u>                     | Type of Action |
|--------------|---------------------------|------------------------------------|----------------|
| AMBR         | YANNELIS RODRIGUEZ VALIDO | 13318 PULITZER AVE TAMPA, FL 33625 | _              |
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| <b>Tective</b><br>m effectiv | date, if other t  | han the date    | of filing:    | annot be nei | vr to doto  | of filling or        |            | opt (opt      | ional)     |                                   | 030          |
| ote: If t                    | ne date inserted  | in this block o | loes not me   | eet the appl | icable sta  | tutory fili          | ng requir  | ements, th    | is date wi | ursuam to 605<br>III not be liste | .020<br>ed a |
|                              | 's effective date | on the Depart   | ment of Sta   | ate's record | S.          |                      |            |               |            |                                   |              |
| cument`                      |                   |                 |               |              |             |                      |            |               |            |                                   |              |
| cument'                      |                   | deffective date | e, but not ar | n effective  | time, at    | 2:01 a.m             | on the ea  | arlier of: (  | b) The 9   | 00th day after                    | the          |
| ecord sp                     | ecifies a delayed |                 |               |              |             |                      |            |               |            |                                   |              |
| cument`                      | ecifies a delayec |                 |               |              |             |                      |            |               |            |                                   |              |
| ecument                      |                   |                 |               | 2021         |             |                      |            |               |            |                                   |              |
| record sp<br>is filed.       | CTOBER 26         |                 |               | 2021         | ·           |                      |            |               |            |                                   |              |
| record sp<br>is filed.       |                   |                 |               | 2021         | ·           | -D. Da               |            |               |            |                                   |              |
| record sp<br>is filed.       | CTOBER 26         |                 |               |              |             | Rogero               |            |               |            |                                   |              |
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