

K21 0000533812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

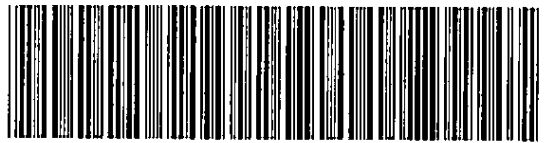
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FILE  
JAN 20 2022  
CLERK OF COURT

A. BUTLER  
JAN 31 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RICHARD HOWELL, LLC  
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:

JUSTIN SCHAEFER

Name of Person

PARLADE SCHAEFER SCHORTZ CPAS PA

Firm/Company

5975 SUNSET DRIVE, SUITE 802

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

ACCOUNTING@PSSCPAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN SCHAEFER

Name of Person

at ( 305 )

Area Code

670 - 0400

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RICHARD HOWELL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/20/21 and assigned  
Florida document number L21000533812.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RH MED LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

101 HARBOR VIEW LN

(Principal office address MUST BE A STREET ADDRESS)

BELLEAIR BLUFFS, FL 33770

Enter new mailing address, if applicable:

101 HARBOR VIEW LN

(Mailing address MAY BE A POST OFFICE BOX)

BELLEAIR BLUFFS, FL 33770

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUSTIN SCHAEFER

New Registered Office Address:

5975 SUNSET DRIVE, SUITE 802

*Enter Florida street address*

SOUTH MIAMI

*City*

, Florida

33143

*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 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

Title	Name	Address	Type of Action
MGR	CARLISLE INVESTMENT HOLDINGS LLC	101 HARBOR VIEW LANE	<input type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD S. HOWELL	101 HARBOR VIEW LANE	<input checked="" type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTA M. HOWELL	101 HARBOR VIEW LANE	<input checked="" type="checkbox"/> Add
		BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 4, 2022

\_\_\_\_\_  
Signature of a member or authorized representative of a member

RICHARD S. HOWELL  
Typed or printed name of signee

Filing Fee: \$25.00