## 122000035869

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2022 JUN -3 PM 1: 34
SECRETARY SERVICE

## **COVER LETTER**

Registration Section

'TO:

Division of Cor	Potations			
The Right !	Medical Solution, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Ç		
	Jennifer Javonne Smith			
		Name of Person		
		Firm/Company		
	5310 Lenox Ave. #22			
		Address		
	Jacksonville, FL 32205			
		City/State and Zip Code		
	info@therightmedicalsoluti			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Jennifer J. Smith		904 703-4606 at ( )		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration So	ection	
Registration Section Division of Corporations		Registration So Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN -3 PM 1: 34

The Right Medical Solution, LLC

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

The Articles of Organization for this Limited Liability Compa Florida document number L22000035869	ny were filed on January 19, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5310 Lenox Ave. #22	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32205	
Enter new mailing address, if applicable:	PO Box 61072	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32236	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lakandria C. Hodge	6501 Arlington Expressway	🗀 Add
		Jacksonville, FL 32211	■Remove
<del></del>			
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
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			□ Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00