

# L220000082975

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

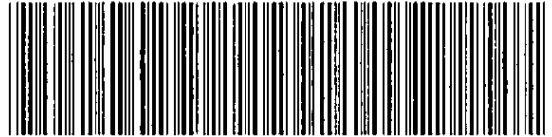
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUL 14 PM 8:43

S. ROBERTS

JUL 18 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cipher Medical Management 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:

RAY A. RODRIGUEZ SANDOVAL

Name of Person

CIPHER MEDICAL MANAGEMENT LLC

Firm/Company

11205 PADDOCK MANOR AVE

Address

RIVERVIEW, FL 33569

City/State and Zip Code

ray\_sandoval83@yahoo.com

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

For further information concerning this matter, please call:

RAY SANDOVAL

Name of Person

at ( 210 ) 9749271

Area Code

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

Cipher Medical Management LLC

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ray Sandoval	11205 PADDOCK MANOR AVE	<input type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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.

Signature of a member or authorized representative

RAY A. RODRIGUEZ SANDOVAL

**Filing Fee: \$25.00**