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04/25/24--01021 -013 **25.00



COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT:	RRC	LASH FLOW	V, L#C
	Name of Lim	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MANUEL	A FONTAMIT	
		Name of Person	
	RR C	ASH FLOW LLC Firm/Company	
	5125 PAL	M SPRINGS BUD	#5302
	TAMPI	Address 33(47	
		City/State and Zip Code	
	THARA.	HAJDWVA @6MAIL. CO	(ication)
For further information co	ncerning this matter, please c	•	isolatori)
MANUELF	PONTANOT	at (561) 609	PSPC
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
⊠S25.00 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 So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Con The Centre of T	porations
Tallahassee, Fl	L 32314		Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR CASH FLOW	'ill	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
(A Clotted Ellines 1)	, 1	
The Articles of Organization for this Limited Liability Company	were filed on07 18 2	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DRONES AF. LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS)	11806 BRUCE B. 1	DOWNS
(Frincipal Office address MOST BE A STREET ADDRESS)	BLUD #10P1	OWNS TAMPA FL 33612
	13000 1110 1	1
Enter new mailing address, if applicable:	11806 BRUCE B	DOWNS
(Mailing address MAY BE A POST OFFICE BOX)		
William Guilless WAT BE AT UST OFFICE DUA	BLVD #1081 TAMPA, FL 38612	
	1111117/10 13612	R
B. If amending the registered agent and/or registered office a		N ,
agent and/or the new registered office address here:	direction distriction district	A JUL
Name of New Registered Agent:		., <u>.,</u> œ
N. D. J. Com. All		
New Registered Office Address:	Enter Florida street address	
	,	
	Flori	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agre	a to got in this agreein. I find	
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packet the obligations of my position as registered agent as packet the interest of the registered office and company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, R	I am familiar with and S. Or, if this document is
	İ	
If Chang	ging Registered Agent, Signature of N	ew Registered Agent

If amending a	Authorized Person(s) authorized to rom our records:	manage, <u>enter the title, name, an</u>	d address of each person being add
MGR = Ma			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add ·
			□Remove
		-	□ Change
			□Add
		•	□Remove
			□Change
			DAdd
		 	□ Remove
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessity)	 issary.)
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
E. Effective date, if other than the date of filing:(optio	 nal)
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	iling.) Pursuant to 605.0207 (3)(b
document's effective date on the Department of State's records.	duce will not be hated as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after the
;	
Dated 04/22 2024	
Signature of a member or authorized representative of a member	
MAMELA FONTANOT	
Typed or printed name of signee	<u> </u>

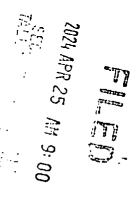
1 21000349200

(Requestor's Name)
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04/25/24--01022--009 **55.00



COVER LETTER

TO: Registration Division of C		-
OTTO ITTOU	Telepsych FL, PLLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Douglas Tewksbury	
		Name of Person
	Universal Health Services	, Inc.
		Firm/Company
	367 S Gulph Rd	
		Address
	King of Prussia, PA 19400	
		City/State and Zip Code
	uhscorpfilings@uhsinc.com	to be used for future annual report notification)
For further information	concerning this matter, please c	i i i i i i i i i i i i i i i i i i i
Douglas Tewksbury	• ,	610 382-3395
Name	of Person	at ()
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UHS BH Telepsych FL, PLLC

ons by recepsych PL, PLLC.	H
(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 8/3/2021	and assigned
Florida document number L21000349200	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Thousand Branches Professionals Florida, PLLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	[] [
Enter new principal offices address, if applicable:	-6 P 7
(Principal office address MUST BE A STREET ADDRESS)	25
	1160
	9.
Enter new mailing address, if applicable:	00
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter th agent and/or the new registered office address here:	e name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Flor	 da
City	daZip 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 provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F., being filed to merely reflect a change in the registered office address, I hereby confirm that company has been notified in writing of this change.	I am familiar with and S. Or, if this document is
If Changing Registered Agent, Signature of S	lew Registered Agent

If amend	ing Authorized Person(s) authorized ed from our records:	I to manage, <u>enter the title, name, and</u>	d address of each person being add
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
		74.02	□Remove
			□ Change

O. If amending any other informat	ion, enter change(s) here: (Attach additional shee	ts, if nec es sary.)
		<u> </u>
		<u> </u>
	<u> </u>	<u> </u>
		<u> </u>
		<u> </u>
		<u> </u>
		
N1-6142	· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than the	data of Gling.	(anti-ray)
(If an effective date is listed, the date must	be specific and cannot be prior to date of filing or more than 90 sek does not meet the applicable statutory filing requires	(optional) days after filing.) Pursuant to 605.0207 (3)(learness, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated April 16	2024	
Mariella	tender	
	Signature of a member or authorized representative of a memb	per
Dr. Mark Friedlander		
	Typed or printed name of signee	li