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## COVERTEILER

TO: Registration Section

Division of Corp.	porations •	e e	
R&R Health			
SUBJECT:	Nome of I mi	red Liability Company	
The enclosed Articles of .	Amendment and feets rate aib	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following.	
	Carlos Aguilai Esquire		
		Name of Person	<del></del>
	The Law Office of Carlos	Aguilar	
		Fera Company	
	3760 Bird Road Unit 404		
		Address	1
	Miami FL 33146		— , 93 33 ; —
	<del></del>	City State and Zip Code	
	rosme (979@gmail.com		in in
	I -mail address; i	to be used for future annual (eport notification)	
For further information of	oncerning this matter, please co	ull.	
Carlos Aguilar Esquize		305 484-3991	
Name o	i Person	Area Code Daytime Telephone N	umber
finelosed is a check for the	ie following amount:		
□ \$25.00 Filing Fee	23 \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is onclosed) Certified Certified Certified Certified Certified Certified Certified Certified Copy is onclosed)	00 Filing Fee, tificate of Status & tified Copy inonal copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 633 Tallahassec.	Section Torporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St. Tallahassee, FL 32303	nite \$10

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&R Healthcare LLC

company has been notified in writing of this change.

New Healthcare LT.		
(Name of the Limited Liability Comp. (A Florida Limited	dry as it now appears on our rec Liability Company)	<u>ात्रः)</u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000198813}{1.0000198813}$	were filed on 04/21/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	17600 NW 68th Avenue Ap	ot B 3001
	Hialeah FL 33015	. 25
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
••		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		* * * * * * * * * * * * * * * * * * *
B. If amending the registered agent and/or registered office	address on our records, onl	or the name of the new register
agent and/or the new registered office address here:	address on our records, em	er the hame of the new registe
Name of New Registered Agent:		
Non-Decistant China 111		
New Registered Office Address:	Enter Florida street ado	ress
***************************************	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ee to act in this capacity. I performance of my duties, provided for in Chapter 60	and I am familiar with and 5. F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Change
			🗀 Add
			□Remove
			⊔Change
	-		Add
			Add
			् <u>।</u> :चेChange
			₩ <b>D</b> Add
			□Remove
		_	UChange
			URemove
			Change
<del></del>			IAdd
			[]Remove
			- <sub>Change</sub>

## COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	R&R Healt			
NOBJECT.		Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Carlos Aguilar Esquite		
			Name of Person	
		The Law Office of Carlos	Aguilar	
			Furn Company	
		3760 Bird Road Unit 404		~1
			Address	<u> </u>
		Miami F1, 33146		
			City/State and Zip Code	otification)
		tosme1979@gmail.com		
		E-mail address: (	to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	all;	σ·
Carlos Aguil	lar Esquire		305 484-3991	
, 02	Name o	f Person	Area Code Dayn	me Telephone Number
linclosed is a	check for th	ic following amount:		
₹1 \$25.00 F	iling 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 of Certified Copy (additional copy is enclose
	ling Addres		Street Address: Registration S	ection
Div	rision of C	orporations	Division of Co	
	). Box 632		The Centre of	Tallahassee
1 a l	lahassee, F	· L 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

	9. <b>2</b>
	7.79
May 25, 2023  effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or  If the date inserted in this block does not meet the applicable statutory fil  ment's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m filed.	n on the earlier of: (b) The 90th day after t
1 1/25, 2023	
<u> </u>	