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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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TO:	Registration Sec Division of Corp			ε ^ς .	}	•
SUBJ	RR Onho	oldings LLC		÷		
2001	zcı:		Name of Limited Liability Co.	mpany		
			ce(s) are submitted for filing			
		Steven Rosent				
		Marx Rosenth		Ciscii		
		***************************************	FimvCor	npany		·
		One SE Third	Avenue, Suite 1210			
			Addre	\$8		
		Miami, FL 33			•	
		steve@marxros	City/State and senthal.com	Zip Code		
		E-n	nail address: (to be used for fut	ure annual report n	olification)	

For further information concerning this matter, please call:

Steven Rosenthal	786	378-8121
	at ())
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- ☐ \$30.00 Filing Fee & Certificate of Status
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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

RR Ortho Holdings LLC				
(Name of the Limited Liabi) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company))		
The Articles of Organization for this Limited Liability (Company were filed on June 2, 2023	and a	ssigned	
Florida document number L23000268336	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
RR Ortho Holdings PLLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "	L.L.C."	-
Enter new principal offices address, if applicable:		 		_
(Principal office address MUST BE A STREET ADD	RESS)			-
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)		. -		-
			202	_
			-=	
B. If amending the registered agent and/or registere		ne name of the n		
agent and/or the new registered office address here:		•	ယ -	•
			<u> </u>	.
Name of New Registered Agent:				.
New Registered Office Address:			<u>@</u>	
New Negistered Office Address.	Enter Florida street address	:		-
	. Flor	dda		
	City	Zip Cod	e	**

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, 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>	Address	Type of Action
	; 		□Add
			□Remove
			☐ Change
			□ Adď
			□Remove
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			🗆 Add
			Remove
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		,	
			□Remove
		<u> </u>	□ Add
			□Remove
		·	∐Add
			□Remove
			□Change

	The sole purpose of this professional limited liability company is for the practice of medicine in the State of
	Florida. The sole owner shall be a doctor licensed under the laws of the State of Florida.
Note	tive date, if other than the date of filing: (optional) frective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd 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 iled.
Dated	
	Signature of a member or authorized representative of a member
	Richard Rozenewaig
	Typed or printed name of signee