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Office Use Only



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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations			
eunic <i>e</i> t.	RHE ORTHO ENTERPRISES, LLC Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	indence concerning this matter	to the following:		
		Dr. Monroe Elkin			
		Name of Person			
		RHE ORTHO ENTERPRI	SES, LLC		
			Firm/Company		
		6615 Boticelli Drive			
	Address				
	Lake Worth, FL 33467				
		City/State and Zip Code			
		custmbite@gmail.com	to be used for future annual report not	itication)	
For further in	nformation c	oncerning this matter, please c		,	
Dr. Monroe	Elkin		908 400-4690		
	Name o	t Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	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)	
Reg	iling Addres	Section	Street Address: Registration Se		
IJΝ	asion of C	orporations	Division of Co	rporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHE ORTHO ENTERPRISES, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on February 27, 202	and assigned
Florida document number L24000101016		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		₩ 3 1
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		111 🚥
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registe
gent and/or the new registered ornice andress here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	usc
		lorida
	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 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>	Name	Address	Type of Action
Mr. AMBR	Brad Markowitz	10 Loughlin Avenue, Cos Cob, CT 06807	≣Add
			⊔Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			T Change
			🗀 Add
			🗀 Remove
			□ Change
			□Add
			□Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
Note: If the	date, if other than the date of filing:
e record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Ma	<u>y 28</u> , <u>2024</u> .
	Signature of a member or authorized representative of a member
	Dr. Monroe Elkin
	Typed or printed name of signee