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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

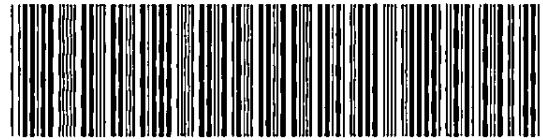
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RHE ORTHO ENTERPRISES, 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:

Dr. Monroe Elkin  
Name of Person  
RHE ORTHO ENTERPRISES, LLC  
Firm/Company  
6615 Boticelli Drive  
Address  
Lake Worth, FL 33467  
City/State and Zip Code  
custmbite@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Monroe Elkin 908 400-4690  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[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.

Dated May 28, 2024

Dr. Monroe Stein  
Signature of a member or authorized representative of a member

Dr. Monroe Elkin

Typed or printed name of signer

**Filing Fee: \$25.00**