

L2400001497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

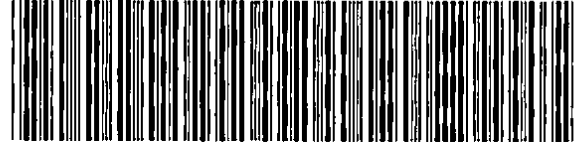
(Business Entity Name)

(Document Number)

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04/23/24--01041--006 **25.00

FILED
2024 APR 23 PM 4:50
MAR 23 2024
MAR 23 2024

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: RDH Biz PLLC

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:

Lynn A. Norris

Name of Person

RDH Biz

Firm/Company

2010 NE 62nd Ct

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

nrrs_lynn@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn A. Norris

954

826-8179

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

☐ \$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 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**

RDH Biz

(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 3/27/24 and assigned
Florida document number 12400014978

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2024 APR 23 PM 4:50
CLERK OF CIRCUIT COURT
JANICE L. BROWN, CLERK
CLERK OF CIRCUIT COURT
JANICE L. BROWN, CLERK

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Lynn A. Norris

New Registered Office Address: 2010 NE 62nd Ct.

Enter Florida street address

Fort Lauderdale, Florida 33308
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	United State Corporation Agents In		<input type="checkbox"/> Add
		476 Riverside Ave. Jacksonville FL 32202	<input checked="" type="checkbox"/> Remove
		2010 NE 62nd Ct Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[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.

April 16th, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

I've attached my Dental Hygiene License as proof of Identification

Your license number is DH 22927.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 20, 2024	DH 22927	196000

THE DENTAL HYGIENIST
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: FEBRUARY 28, 2026

LYNN A NORRIS, RDH
8142 WEST BROWARD
PLANTATION
PLANTATION, FL - 33324

QUALIFICATION(S):
Administer Local Anesthetics

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 20, 2024	DH 22927	196000

THE DENTAL HYGIENIST
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

LYNN A NORRIS, RDH Expiration Date: FEBRUARY 28, 2026

LICENSEE SIGNATURE

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW