L24000253297

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SECRETARY OF STATE
TALLADASSEE, FLORIDA

2024 JUN 13 AH 10: 09

TIMED

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COVER LETTER

	OLOGY WELLNESS CENT	ER PLLC ted Liability Company						
	Name of Linn	acd maining Company						
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.						
Please return all correspor	ndence concerning this matter	to the following:						
	David Jimenez Cifuentes							
		Name of Person						
		Firm/Company						
	4210 Valley Ridge Blvd St	4210 Valley Ridge Blvd Suite 132						
		Address						
	Ponte Vedra, FL 32081							
	davidje0206@gmail.com	City/State and Zip Code						
		to be used for future annual report notifi	cation)					
For further information co	oncerning this matter, please ca	ıll:						
David Jimenez Cifuentes		954 7909448 at ()	<u>.</u>					
Name of	Person	Area Code Daytime	Telephone Number					
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	tion					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Rheumatology Wellness Center PLLC (Name of the Limited Liability Company as it now appears on our records:) 13 EFI (U: []9 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on June 06,2024	and assigned
Florida document number L24000253297		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
	v, ny	enp conde
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>	<u>Address</u>	Type of Action
AMBR	Litian A. Otalora Rojas	4210 Valley Ridge Blvd Suite 132	= Add
		Ponte Vedra, FL 32081	□ Remove
			□Remove
			□Change
			□Add
			□Remove
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record speci d is filed.	fies a delaye	ed effective da	te, but not	an effectiv	e time, at	2:01 a.m. c	on the earli	er of: (b)	The 90th day	after the
June 7	: 		,	2024						
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Filing Fee: \$25.00