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1024 OCT -3 PM 2: 36

## **COVER LETTER**

	istration Sec sion of Corp		·	
	RNJJ Med. I			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Teah M. Mehri		
			Name of Person	
		Accountable Consulting, F	'A	
			Firm/Company	100-2
		P.O. Box 536		
		<u> </u>	Address	
		Odessa, FL 33556		
			City/State and Zip Code	<del> </del>
		teah@accountablecpa.net  E-mail address: t	to be used for future annual report no	tification)
For further in	formation co	ncerning this matter, please ca	·	
Teah M. Mehri			724 7131334 at ()	
	Name of I	Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for the	following amount:		
<b>≡</b> \$25.00 F.	iling 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

FILED

RNIJ Med, LLC			2024 OCT -3 PM 2: 37
(Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on <u>06/19/202</u> -	TALLAHASSEE FLORIDA
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:		16703 Early Riser Ave	Suite 121
(Principal office address MUST BE A STREET ADDRESS)		Land O' Lakes, FL 346	38
nter new mailing address, if applicable: <u>Sailing address MAY BE A POST OFFICE BOX</u>		P.O. Box 536 Odessa, FL 33556	
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:		address on our records,	enter the name of the new registere
	16702 Easte Di	o or Ama Caita 131	
New Registered Office Address:	10705 Early KI	ser Ave Suite 121  Enter Florida stree	t address
	Land O' Lakes		Florida <u>34638</u>
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P 	Roger N. Ertsgaard	1445 Marinella Dr	□Add
		Palm Harbor, FL 34683	<b>≡</b> Remove
			□Change
MGR	Teah M. Mehri	P.O. Box 536	□Add
		Odessa, FL 33556	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			□Change
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ffective	e date, if other than	the date of filing	<b>,</b> ,		1	(ontional)		
	e date, if other than tive date is listed, the date the date inserted in thi							
	it's effective date on th			one ordinary in	ms requirement	io, uno date u	III IIIX OC I	15000 00
record s is filed	specifies a delayed effe L	ective date, but not	an effective tin	ne, at 12:01 a.n	i. on the earlier	of: (b) The	90th day a	fter the
			2024	_ ·				
ated	September 26,							
ated	Suptember 26.  Howlin M	ohii		1/2	575	7	. /	
ated	September 26.  Year M. Mehri	ellei Signature of a r	nember or author	ized representati	ve of a member	lega	in f	