

M22000012853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

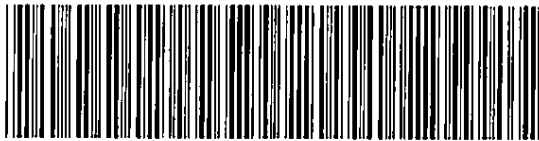
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2024 FEB -5 PM 3:40
SECRETARY OF STATE
-11-11-24

SECRETARY OF STATE



January 22, 2024

Florida Department of State
Division of Corporation
Attention: Jalesa S Dennis
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Amendment to Certificate of Authority for Reliable HealthCare Logistics, LLC
Document Number: M22000012853

Dear Ms. Dennis,

Please take this letter as my response to your request for Registered Agent Signature. Enclosed you will find a full executed page 3 and 4. Please move forward in completing our request and remove Robert Gerstein as an Authorized Person. Mr. Gerstein is no longer with the company.

Sincerely,



Lizbeth Hernandez
Regulatory Compliance Specialist

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reliable HealthCare Logistics, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler Kattawar or Larry Russell

Name of Person

Reliable HealthCare Logistics, LLC

Firm/Company

4105 S. Mendenhall Road

Address

Memphis, TN 38115

City/State and Zip Code

951license@rhcl3pl.com

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

For further information concerning this matter, please call:

Tyler Kattawar

at (901)

603-7539

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Reliable HealthCare Logistics, LLC

Enter new principal office address, if applicable: 4105 S. Mendenhall Road

(Principal office address
MUST BE A STREET ADDRESS) Memphis, TN 38115

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

951 Clint Moore Road

Suite A

Boca Raton, FL 33487

2. The Florida document number of this limited liability company is: M22000012853

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/12/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Northwest Registered Agent LLC

New Registered Office Address: 7901 4th St N, Ste 300

Enter Florida Street Address

St. Petersburg

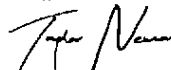
City

Florida 33702

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

FILED
2024 FEB - 5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

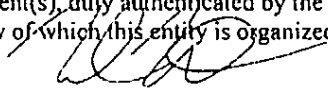
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removing Robert Gerstein as an Authorized Person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Tyler Kattawar	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Member	Mike Kattawar Sr.	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Member	Mike Kattawar	4105 S. Mendehall Road	<input checked="" type="checkbox"/> Add
		Memphis, TN 38115	<input type="checkbox"/> Remove
Authorize	Robert Gerstein	951 Clint Moore Road, Suite A	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Tyler Kattawar

Typed or printed name of signee

Filing Fee: \$25.00