

M230000004073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

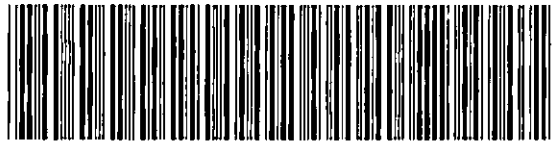
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



600405993126

RECEIVED

FILED

2023 APR 11 PM 3:45

2023 APR 11 AM 10:17

CLERK OF COURT

CLERK OF COURT
JANET GOSSETT, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: J20210000160 **\$25.00**

Authorization Signature: 

RDMC of Jacksonville LLC M23000004073

Business

Document Number

__ **Certified Copy**

__ **Certificate of Status**

NEW FILINGS

__ Profit Corp
__ Not for Profit
__ Officer/Director
__ Limited Liability
__ Domestication
__ Other
__ **CORP**
__ **LLLP**

AMENDMENTS

X Amendment
__ Resignation of R.A.

__ Change of Registered Agent
__ Revocation of Dissolution
__ Merger
__ **Conversion**
__ **Amended and restated Articles**
__ **Statement of Authority**

OTHER FILINGS

__ Annual Report
__ Fictitious Name

__ APOSTILLE

Country

__ Other

REGISTRATION/QUALIFICATIONS

__ Foreign filing
__ Limited Partnership
__ Reinstatement

CLERK'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RDMC of Jacksonville 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:

Pete S. Ruiz

Name of Person

RDMC of Jacksonville LLC

Firm/Company

2401 S. Loop 289

Address

Lubbock, Texas 79423

City/State and Zip Code

pete@tkicker.com

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

For further information concerning this matter, please call:

Michael Walsh

904

532-6467

at (

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: RDMC of Jacksonville LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M23000004073

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: March 30, 2023

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

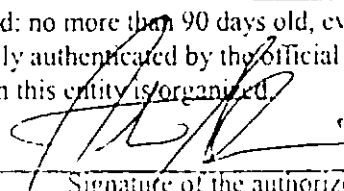
If Changing Registered Agent, Signature of New Registered Agent

If 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)(c), indicate that change
Need to add a manager

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Pete S. Ruiz	4906 115th Street	<input checked="" type="checkbox"/> Add
		Lubbock, Texas 79424	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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

Pete S. Ruiz

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023 APR 11 AM 10:17
CLERK OF STATE
TALLAHASSEE, FL