## L09000103374

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12/16/20

## **COVER LETTER**

то:	Registration Section Division of Corporations								
SUBJEC		Holidays, LLC	1						
SUBJE	Name of Limited Liability Company								
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all correspo	ndence concerning this matter	to the following:						
		John J. McGlynn III							
			Name of Person						
		Law Offices of John J. McGlynn III							
		<del></del>							
		Address							
		Stuart, Florida 34994							
		City/State and Zip Code jmcglynn@southfllawfirm.com							
			to be used for future annual report no	tification)					
For furth	her information c	oncerning this matter, please c	all:						
Alicia Cruz, Legal Assistant		772 600-5115							
	Name o	f Person	Area Code Daytii	me Telephone Number					
Enclosed	d is a check for th	ne following amount:							
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Addres Registration S		Street Address: Registration S	ection .					

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

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

2020 NOV -9 PM 6: 14

JEDX MEDCARE LLC

(Name of the Limited Liability Company as it now appears on our records) 「「ARY OF (A Florida Limited Liability Company) 「ALL ARY SEE The Articles of Organization for this Limited Liability Company were filed on 10/26/2009 and assigned Florida document number \_\_L09000103374 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## 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 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\_or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Reino J. Voutila	4257 SW Winslow Street	<b>=</b> Add
		Port St. Lucie, FL 34953	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□Reniove
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Filing Fee: \$25.00