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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cos				
	arch L.IC.		٠.	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Margaret Kryvicky			
Name of Person				
	MJM Research L.L.C.			
Firn/Company				
!703 Clubhouse Estates Court				
		Address	17	
West Palm Beach Florida, 33411				
City/State and Zip Code				
	MargaretKryvickymjm@gr	nail.com (to be used for future annual report noti)	- Gention)	
For further information of	oncerning this matter, please c	•	, (i.e.arion)	
Margaret Kryvicky		248 762 8467		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sec	rtion	
Division of Corporations		Division of Cor	porations	
P.O. Box 6327		The Centre of T		
Tallahassee, FL 32314		Z413 IN. MONTO	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJM Research L.L.C.	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) npany)
ne Articles of Organization for this Limited Liability Company were filed	on 08/29/2012 and assigned
orida document number L12000111271	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability comp	anv here:
JM Medical Services "L.L.C."	
e new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	를 보고 <mark>한</mark>
ater new mailing address, if applicable:	
Tailing address MAY BE A POST OFFICE BOX)	(.)
latting undress MAT BE ATOST OFFICE BOAJ	
. If amending the registered agent and/or registered office address on tent and/or the new registered office address here:	our records, enter the name of the new registe
ent and or the new registered office address here.	i i
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
City	, 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 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, 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>	Address	Type of Action
Gen Partr	Mara A. Kryvicky MPAS PAC	1703 Clubhouse Estates Court West Palm Beach FL.	🗏 Add
		33411	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
		;; 	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated April 5 xv x.

Many cuth try wither signature of a member or althorized representative of a member

Filing Fee: \$25.00