

L13000073741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

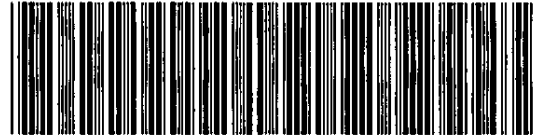
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2014

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEST OF HEALTH MEDICAL CLINIC #3, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 20, 2013 and assigned Florida document number L13000073741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JEM PROPERTIES #1, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3909 WHITE HERON DRIVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32808

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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHARLENE MATHURA	1901 S JOHN YOUNG PARKWAY, STE 101	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
 14 APR 2014 AM 4:56

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 18, 2014

Devan Mathura

Signature of a member or authorized representative of a member

DEVAN MATHURA

Typed or printed name of signee

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