

46000047128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

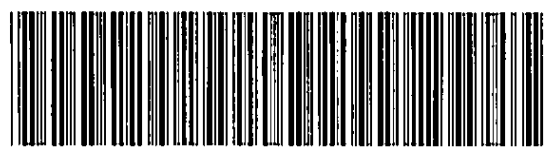
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 OCT -5 AM 9:33

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*Amend  
Correct*

BL VORISEK  
OCT 20 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3J'S HEALTHCARE GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ONELYMAR SALAS  
Name of Person  
3J'S HEALTHCARE GROUP LLC  
Firm/Company  
6846 NW 77 CT  
Address  
MIAMI, FL, 33166  
City/State and Zip Code  
wlastra@3jshealthcaregroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ONELYMAR SALAS 786 3406592  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

3J'S HEALTHCARE GROUP 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 03/07/2016 and assigned  
Florida document number L16000047128

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

**Enter new principal offices address, if applicable:**

6846 NW 77 CT

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL , 33166

**Enter new mailing address, if applicable:**

6846 NW 77 CT

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL , 33166

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIELA SALAS	5083 NW 116 AV ,	<input type="checkbox"/> Add
		DORAL	<input checked="" type="checkbox"/> Remove
		FL, 33178	<input type="checkbox"/> Change
MGRM	WILSON LASTRA	10928 NW 69 ST	<input checked="" type="checkbox"/> Add
		DORAL	<input type="checkbox"/> Remove
		FL, 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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