

# LI0000011549

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000035937 3)))



H190000359373ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : 120060000135  
Phone : (305) 789-3200  
Fax Number : (305) 789-4137

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: j.floyd@vestcor.com

FILED  
2019 JAN 31 AM 9:23  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32304

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JDR JAX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

T. CLINE  
FEB 1 - 2019  
EXAMINER

2019 JAN 31 PM 3:05



January 31, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JDR JAX, LLC  
3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE, FL 32257

SUBJECT: JDR JAX, LLC  
REF: L10000011549

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L19000019340 "NATIVE HEALTH LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H19000035937  
Letter Number: 719A00002255

*Please see attached letter consenting to use of same name. Please honor the original date of submission for the effective filing date. Thank you.*

2019 JAN 31 AM 9:23  
RECEIVED  
CORPORATIONS DIVISION  
FLORIDA DEPARTMENT OF STATE

RECEIVED

**NATIVE HEALTH, LLC  
3030 HARTLEY ROAD  
SUITE 310  
JACKSONVILLE, FL 32257**

January 31, 2019

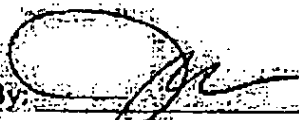
Florida Department of State  
Division of Corporations  
Attn: Karen A. Saly  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Consent to Use of Same Name

Dear Ms. Saly:

Native Health, LLC (Document No. L19000019340) which was voluntarily dissolved on January 29, 2019, hereby consents to the use of the name Native Health, LLC, to allow the filing of Articles of Amendment to change the name of JDR JAX, LLC (the "Company") to Native Health, LLC. Furthermore, the principals of Native Health, LLC are also the same principals of the Company.

Sincerely,

BY:   
Name: John D. Rood  
Title: President of the Manager

2019 JAN 31 AM 9:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301  
FILED

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

JDR JAX, 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 February 1, 2010 and assigned  
Florida document number L10000011549

This amendment is submitted to amend the following:

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

NATIVE HEALTH, LLC

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)

2010 JAN 31 AM 9:23  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2019 JAN 31  
 SECRETARY OF STATE  
 111 MASSACHUSETTS AVENUE  
 BOSTON MA 02125

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2019 JAN 31 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 January 30, 2019

Signature of a member or authorized representative of a member

JOHN D. ROOD

Typed or printed name of signer