

L12 0000071886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

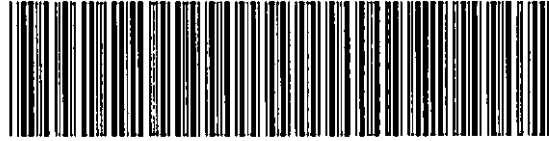
(Business Entity Name)

(Document Number)

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2021 FEB - 1 AM 7:18

O SIMMONS
MAR 16 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: JAG-PHARMACY AND HEALTH CARE SERVICE, L.L.C

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

GANIAT OJEABULU

Name of Person

JAG-PHARMACY

Firm/Company

3910 N HAVERHILL ROAD UNIT 223664

Address

West Palm Beach, FL 33422

City/State and Zip Code

gojeabulu@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GANIAT OJEABULU

786 877-9297

at ()

Name of Person

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 Address:

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**

JAG-PHARMACY AND HEALTH CARE SERVICE, L.L.C.

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

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The Articles of Organization for this Limited Liability Company were filed on 5/30/2012 and assigned Florida document number L12000071886.

This amendment is submitted to amend the following:

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

JAG HEALTH CARE SERVICE L.L.C.

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

Enter new principal offices address, if applicable:

3910 N HAVERHILL ROAD UNIT 223664

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33422

Enter new mailing address, if applicable:

3910 N HAVERHILL ROAD UNIT 223664

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33422

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:

GANIAT OJEABULU

New Registered Office Address:

3910 N HAVERHILL ROAD UNIT 223664

Enter Florida street address

West Palm Beach

Florida

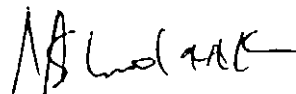
33422

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GANIAT OJEABULU	3910 N HAVERHILL ROAD UNIT 223664	<input checked="" type="checkbox"/> Add
		West PALm Beach, FL 33422	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABRAHAM OJEABULU	3910 N HAVERHILL ROAD UNIT 223664	<input type="checkbox"/> Add
		West PALm Beach, FL 33422	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 13, 2021



Signature of a member or authorized representative of a member

GANIAT OJEABULU

Typed or printed name of signee

Filing Fee: \$25.00