

L13000006155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

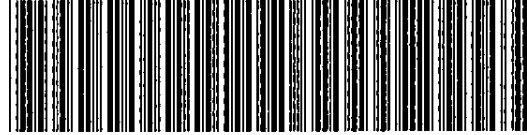
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEMM MEDICAL GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

CORRECTED

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

Please return all correspondence concerning this matter to the following:

NICOLE SAUVOLA, ESQUIRE

Name of Person

Firm/Company

2801 N. FLAGLER DRIVE

Address

WESTPALM BEACH, FL 33407

City/State and Zip Code

JRAPP@RECOVERYASSOCIATESPALMBEACH.COM

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

For further information concerning this matter, please call:

NICOLE SAUVOLA

Name of Person

at (561) 383-1260

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2F062 (08/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 FEB 13 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JEMM MEDICAL 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 JANUARY 11, 2013 and assigned
Florida document number L13000006155.

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 end with 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)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDUARDO PENA, MD	2801 N. FLAGLER DR.	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Remove
		33407	
		(LISTED ON ORIGINAL ARTICLES INADVERTENTLY)	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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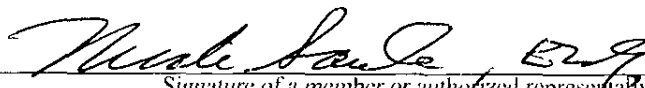
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

1/14

2013



Signature of a member or authorized representative of a member

NICOLE SAVOLA, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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