

L13000006155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

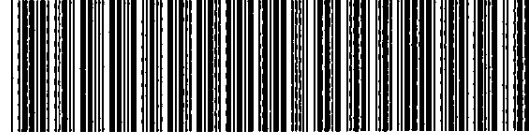
(Business Entity Name)

(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:

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TALLAHASSEE, FLORIDA

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 at ( 561 ) 383-1260  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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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

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

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Dated 1/14 2013



Signature of a member or authorized representative of a member

NICOLE SAVOLA, ESQ.

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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