L17000011778

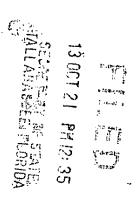
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COVER LETTER

TO:	Registration Section
•	Division of Corporations

SUBJECT: JC Clinic 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:

Lidia R Wong

Name of Person

JC CLinic LLC

Firm/Company

2697 SW 16 Terrace

Address

Miami Florida 33145

City/State and Zip Code

lily@jcresearch.net

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

For further information concerning this matter, please call:

Lidia Wong

,,305,2221352

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)

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

JC Clinic LLC			
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appears on our recordiability Company)	ds.)
The Articles of Organization for this Limited I Florida document number L13000011778		were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2697 SW 16 Terrace	
(Principal office address MUST BE A STREET ADDRESS)		Miami Florida 33145	
Enter new mailing address, if applicable:		2697 SW 16 Terrace	17 OT 21
(Mailing address MAY BE A POST OFFICE BOX)		Miami Florida 33145	CA THE
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the new
Name of New Registered Agent:	n/a	, ,	
New Registered Office Address:	n/a		
		Enter Florida stre	et address
		, Flori	
		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>	Address	Type of Action
	N/A		Add
			Remove
			_
			_
			Remove
			_
			Add
			Remove
			ें डि., च्ये-
			Add
		40, 191 171 170,	Remove
		YOU'S	Add
			Remove
			. —
			Add
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· N/A·
·	
	· · · · · · · · · · · · · · · · · · ·
Dated _	·
	72-4
	- Muux
	Signature of member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

