116000/124215

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
·		
		:

Office Use Only



500289876625

09/12/16--01011--022 **25.00

FILED

2018 SEP 12 P 2: 34

SHORE MARY OF SIMIS

SER TO SULLOCK

COVER LETTER

Division of Cor	porations	•			
Jibe Health SUBJECT:	Services, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Peter Colon				
		Name of Person			
	Jibe Health Services, LLC				
		Firm/Company			
	40 SE 5th Street, SUITE 4	06			
		Address			
	Boca Raton, FL 33432				
		City/State and Zip Code			
	peter.colon@jibehealth.com			216	
For further information of	encerning this matter, please co	to be used for future annual report notificall:	cation)	2016 SEP 12	
Peter Colon		786 269-5606 at ()	ms ms	יט סי	
Name o	f Person		Telephone Number	2: 36	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status	

MAILING ADDRESS:

TO:

Registration Section

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

Jibe Health Services, LLC		
(Name of the Limited Liability Co (A Florida Limit	mpany as it now appears on our re ted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comparison $\frac{L16000124215}{L16000124215}$	any were filed on 6/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSEE OF
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ords enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	Cin	, 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>	Address	Type of Action
MGR	James V. Virgilio, DC	4 SE 5th Street, Suite 406	Add
		Boca Raton, FL 33432	Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Add
			Remove
ı			Change
			Add Add Remove
			SSE -
			CLOSTIC Add
			□ Remove
			□ Change
			Add
•			☐ Remove

•	
	22 23
	171 B
	12 SSE
	10 5
	Rich W
	<u> </u>
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fie: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant to 605.
ument's effective date on the Department of State's records.	ining requirements, this date with her ee here
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
Friday, August 26	
ed, raguet 20	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00