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2017 SEP 13 PH 2: 40

SEP HARRIS

### **COVER LETTER**

CHD IEZ					
SOBJEC	-li <u></u>	_	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	osed Arti	cles of A	nendment and fee(s) are sub	mitted for filing.	
Please re	eturn all c	orrespond	lence concerning this matter	to the following:	
			William B. Harvard, Jr.		
				Name of Person	
		Name of Person  HJA Medical LLC  Firm/Company  2714 MLK Jr. St. N.  Address  St. Petersburg FL 33704  City/State and Zip Code b.harvard@harvardjolly.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:			
				Name of Person  Firm/Company  Address  City/State and Zip Code om  (to be used for future annual report notification) call:  1	
			2714 MLK Jr. St. N.		
				Address	<u> </u>
			St. Petersburg FL 33704		
				•	
			<del>-</del>		· · · · · · · · · · · · · · · · · · ·
For furth	er inform	nation con		·	notification)
Candace	: Shepher	d	- ,		
		Name of P	erson	Area Code Da	ytime Telephone Number
Enclosed	l is a chec	ck for the	following amount:		
□ <b>\$</b> 25.0	00 Filing	Fee		Certified Copy	Certificate of Status & Certified Copy

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2017

WILLIAM B HARVARD, JR 2714 DR MLK JR ST N ST PETERSBURG, FL 33704

SUBJECT: HJA MEDICAL LLC Ref. Number: L17000027600

We have received your document for HJA MEDICAL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

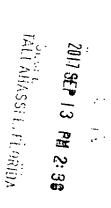
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00017701

224 SEP 13 FH 2:40



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJA Me	dical ILC	
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	<del>.</del>
The Articles of Organization for this Limited Liabilit Florida document number L170000027600	ty Company were tiled on 02/03/2017	and assigned
This amendment is submitted to amend the following	o:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "  Enter new principal offices address, if applicable:		e abbreviation "I_LC."
(Principal office address MUST BE A STREET AL		to the second
Enter new mailing address, if applicable:		2 PH 22
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, entanderess here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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
AMBR	Drazen Ahmedic	2714 Dr. MEK Jr. St. N.	
		St. Petersburg, FL 33704	☐ Remove
			🗀 Change
<del></del>			□ Add
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effecti	date, if other than the date of filing: (option date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	nal) iling.) Pursuant to 605.020
	he date inserted in this block does not meet the applicable statutory filing requirements, this s effective date on the Department of State's records.	date will not be listed a
recor	I specifies a delayed effective date, but not an effective time, at 12:01 a. th day after the record is filed.	m. on the earlier (
116 36	an ody arter the record is med.	
cd	6 Sept 2017	
	11H2+11011	1ALL HEZ
	Signature of a member or authorized representative of a member	»·• » »
	Signature of a memori of audionized representative of a memoer	
	William B. Harvard, Jr.	

Page 3 of 3

Filing Fee: \$25.00