L17000140173

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ection porations			
LLC			
	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
•	-		
Eddy Gutierrez			
	Name of Person		
EDDYJOE, LLC			
	Firm/Company		
4530 St. Johns Ave			
	Address		
Suite 15, Unit 227			
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		lication)	
Eddy Gutierrez Name of Person		e Telephone Number	
ne following amount:			
■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>s:</u>	Street Address:		
Section	Registration Section		
•	•	•	
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Eddy Gutierrez Name of Person EDDYJOE, LLC Firm/Company 4530 St. Johns Ave Address Suite 15, Unit 227 City/State and Zip Code egutierrezmd@gmail.com E-mail address: (to be used for future annual report notice oncerning this matter, please call: Area Code Terson at (912	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENTS OF ARTICLES OF ORGANIZATION OF

EDDYJOE, 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 Liabilit	ty Company we	ere filed on	2017	and assigned
Florida document number L17000140173	·			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	<u>limited liabilit</u>	y company here:		
EDDYJOEMD, LLC				
The new name must be distinguishable and contain the words '	Limited Liability	Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>			
(<u>Principal office address MUST BE A STREET AL</u>	DDRESS)			
				724
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	·)			
	_			
	_		<u> </u>	<u></u>
B. If amending the registered agent and/or regist		iress on our recor	ds, <u>enter the name</u>	of the new registered
agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida st	treet address	
<u>_</u>			, 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
			□Add
			Remove
			Change
			
			ПРСТООТЕ
			
			□Add
			□Remove
			Change
			□Add
			П Кетюче
			□Remove
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			□Change

Page 2 of 3

				
				
				
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iffective date, if other than the date is listed, the date must Note: If the date inserted in this blocklocument's effective date on the Dep	be specific and cannot be priock does not meet the appli	or to date of filing or more leable statutory filing re	equirements, this date	Pursuant to 605.020 will not be listed a
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The 90th day after the reco	rd is filed.	ot an effective tim	e, at 12:01 a.m.	on the earlier o
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Dated	rd is filed.	·		on the earlier c

Page 3 of 3

Filing Fee: \$25.00