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SECRETARY OF STATE

COVER LETTER PLEASE RUSH

TO: Registration Section Division of Corporations

	e medicine of north florida LL	C	
SUBJECT:	Name of Lim	ited Liability Company	THAN
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	1
Please return all correspo	indence concerning this matter	to the following:	
	rafael foss		
		Name of Person	
		Firm/Company	
	po box 24556		
		Address	
	jacksonville FL 32241		
		City/State and Zip Code	
	drrafaelfoss@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
rafael foss		786 370-1111 at ()	
Name o	f Person	Area Code Dayti	ne Telephone Number
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	☐ \$60.00 Filing Fee, Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REGENERATIVE MEDICINE OF NORTH FL	ORIDA LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number <u>L18000033704</u> .	pany were filed on 02/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
JAX HEALTH LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		"Tie
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 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flori	da
	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
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			□Remove
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fective date, if other than t	ie date of fili	ng:			optional)		
an effective date is listed, the date note: If the date inserted in this	ust be specific a	nd cannot be prior	to date of filing eable statutory (or more than 90 day	s after filing.) Pu s. this date will	rsuant to 60: I not be lis	5.020 ted a
ocument's effective date on the	Department of	'State's records					
record specifies a delayed effec Lis filed.	ive date, but no	ot an effective t	ime, at 12:01 a.	m, on the earlier	of: (b) The 90)th day afte	er the
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	Signature of	a member or auth	arized represents	tive of a member			

Filing Fee: \$25.00