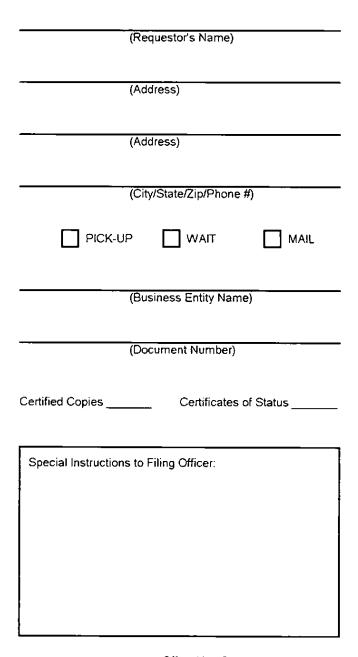
L18000064719



Office Use Only



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COVER LETTER

	M Health	Consultants I.I.C								
SUBJECT:Name of Limited Liability Company										
The enclosed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.							
Please return all	correspon	dence concerning this matter	to the following:							
		Jesus Mella								
		J&M Health Consultants L	Name of Person LC							
		24 SW 10th Street	Firm/Company							
		Ft. Lauderdale, FL 33315	Address							
		City/State and Zip Code j.mella1983@icloud.com								
			to be used for future annual report notif	fication)						
For further infor	mation co	ncerning this matter, please co	all:							
Jesus Mella			954 6000591							
	Name of	Person	at ()	e Telephone Number						
Enclosed is a che	eek for the	following amount:								
■ \$25.00 Filing	g Fee	☐ \$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)						

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&M Health Consultants 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 Liability Company were filed on $\frac{3/12/2018}{2}$ and assigned Florida document number L18000064719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "LEC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ٦ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___ City

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>	<u>Address</u>	Type of Action
MGR	Jesus Melia	24 SW 10th Street Ft. Lauderdale, FL 33315	 Add
			☐ Remove
			☐ Change
			Ø ∧dd
		 	PRemove
			P DAhange
			☐ Add
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E. Effective date, if other than the date	e of filing:		(optional)	
(If an effective date is listed, the date must be s <u>Note:</u> If the date inserted in this block d	specific and cannot be prior to	date of filing or more than 90 da	sys after filing.) Po	ursuant to 605,020 Il not be listed a
document's effective date on the Depart	ment of State's records.			
If the record specifies a delayed eff	ective date, but not	an effective time. at 17	2:01 a.m. on	the earlier (
(b) The 90th day after the record	is filed.			
Dated May 10th	2010			
Dates		. •		
•		-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00