## 418000070136

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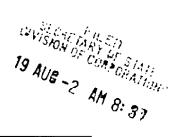
	Registration Sec Division of Corp			
	Jarica L. Th	nigpen Turner, PA-C, PLLC		
SUBJEC	Т:	Name of Limit	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	o the following:	
		Jarica Thigpen		
		<u> </u>	Name of Person	
			Firm/Company	
		3935 Coastal Cove Circle		
			Address	<del></del>
		Jacksonville, FL 32224		
		jaricalynnpa@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furthe	er information ec	oncerning this matter, please ca	ill:	
Jarica T	higpen		386 9372860	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing 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:

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



Jarica L. Thigpen Turner, PA-C, PLLC

(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 and assigned L18000070136 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jarica L. Thigpen, PA-C, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 3935 Coastal Cove Circle Enter new principal offices address, if applicable: Jacksonville, FL 32224 (Principal office address MUST BE A STREET ADDRESS) 3935 Coastal Cove Circle Enter new mailing address, if applicable: Jacksonville, FL 32224 (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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jarica Thigpen (update last name)	3935 Costal Cove Circle Jacksonville, FL 32224	
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record specifies a delayed The 90th day after the reco		ut not an effect	tive time, at 12:	01 a.m. on the earl	ier c
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Filing Fee: \$25.00