## L18000153784

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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2019 APR 19 PH 1:59

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C. GOLDEN APR 2.7 2019

## **COVER LETTER**

Division of Co	rporations		
NEW HOUSUBJECT:	JSE MIAMI LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JACOBO NORMAN		
		Name of Person	
	7442 NW 8 STREET	Firm/Company	
	MIAMI, FL 33126	Address	<del></del>
	ianque@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
JACOBO NORMAN		305 335-6232	
Name (	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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** 

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

FILED

2019 APR 19 PM 1:59

NEW HOUSE MIAMI LLC		<del>-</del> .
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our record liability Company)	is. MASSESTE
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000153784</u>	were filed on 06/22/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MEDIPLUS MOBILITY HOME HEALTH CARE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new istered agent and/or the new registered office address here:		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	R2
	FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than th	ie date of filing:		(	optional)	
Fan effective date is listed, the date mean effective date inserted in this locument's effective date on the	block does not meet th	e applicable statuto	ng or more than 90 days ry filing requirements	after filing.) Pursuant to 6, this date will not be l	505.0207 isted as
e record specifies a delaye The 90th day after the re	ed effective date, ecord is filed.	but not an effec	tive time, at 12:	01 a.m. on the ea	rlier o
APRIL 16	201	9			
Dated	, ,	<del></del>			
		<u></u>			

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Typed or printed name of signce

Filing Fee: \$25.00