

L18000253178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 23 2020

Registration Section
Division of Corporations

SUBJECT:

Velocity medical PARTNERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES PROPHETE
Name of Person

Velocity medical PARTNERS LLC
Firm Company

3807 BERESFORD RD E
Address

West Palm Beach FL 33417
City, State and Zip Code

JAMESP10@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES PROPHETE at (561) 201-1845
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

TO
ARTICLES OF ORGANIZATION
OF

Velocity Medical Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/29/2018 and assigned
file number L18000253178

If an amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

J PROPHETE PROPERTIES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

If amending principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

If amending mailing address, if applicable:

Mailing 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 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

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted to me to 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

removed from our records:

MR = Manager

MBR = Authorized Member

<u>Id</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL

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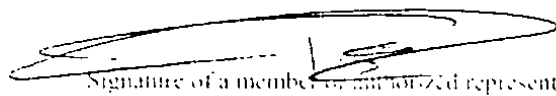
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

Effective date, if other than the date of filing: _____ (optional)
(an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed

ated 12/16 2019



Signature of a member or authorized representative of a member

James Prophe
Typed or printed name of signer