

L19000 232 266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

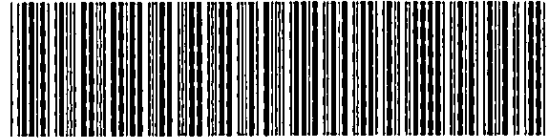
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800333357228

10/10/19--01014--029 \*\*30.00

STALL

OCT 29 2019

2019 OCT 10 PM 5:03

*Amend*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DR JAYACHANDRA'S BODY REJUVENATION CLINIC LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER FAIRCLOTH

\_\_\_\_\_  
Name of Person

DR JAYACHANDRA'S BODY REJUVENATION CLINIC LLC

\_\_\_\_\_  
Firm/Company

1680 OSCEOLA ELEMENTARY SCHOOL ROAD , SUITE A

\_\_\_\_\_  
Address

ST AUGUSTINE , FL 32084

\_\_\_\_\_  
City/State and Zip Code

p\_jayach@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER FAIRCLOTH

904 824-7476  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DR JAYACHANDRA'S BODY REJUVENATION CLINIC 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 9-13-2019 and assigned  
Florida document number L19000232266.

This amendment is submitted to amend the following:

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

NA

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

PAUL D JAYACHANDRA MD

New Registered Office Address:

1680 OSCEOLA ELEMENTARY SCHOOL ROAD, SUITE A

*Enter Florida street address*

ST AUGUSTINE

Florida 32084

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAUL D JAYACHANDRA MD	1680 OSCEOLA ELEMENTARY SCHOOL ROAD , SUITE A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER FAIRCLOTH	116 PINE TREE ROAD EAST PALATKA FL 32131	<input type="checkbox"/> Add
		1680 OSCEOLA ELEMENTARY SCHOOL ROAD , SUITE A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If 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.

If the 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 record is filed.

Dated 10-2-2019



Signature of a member or authorized representative of a member

PAUL D JAYCHANDRA MD

Typed or printed name of signee