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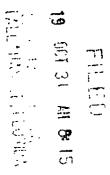
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DEC 04 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DPR REFLEX Center 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:
Aniysa R Rizarky Name of Person
Firm/Company
190 NE 199 St Address
MiAmi, Pl 33179 City/State and Zip Code JPRREFLEXCENTER Damail-com E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Any SA L L. R. 29RRY at (305) 833-6574 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

JPR REFlex center LIC

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OC+, 07, 2019 and assigned Florida document number <u>L19000351180</u>.

This amendment is submitted to amend the following:

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)	
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 registered agent and/or the new registered office address here:	ne name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	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>	Type of Action
MGR	Aniysa IRizarry	190 NE 199th ST	D Add
		Miami, F1 33179	Remove
			Change
AR	Aniysa Irizaray	190 NE 199 - St Miami, FI 33179	2 Add
		Miami, F1 33179	Remove
			☐ Change
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	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier 90 th day after the record is filed.
ted _	October 28th 2019
	Signature of a member or authorized representative of a member
	regulates in a memory of administrative of a memory

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00