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Office Use Only

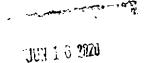


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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Jusu	NEDSA LL	<u>C</u>
	Name of Lan	ned Liaotiny Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	JONATHA	Name of Person	)5121E5
	Jws m	Firm/Company	
	1514 E W	NOW RY DR A	pt (0)
		City/State and Zlp Code  City/State and Zlp Code  City/State and Zlp Code  City/State and Zlp Code	
For further information co	oncerning this matter, please ea	all:	
V ERON1 Name o	CA OPENAN	Area Code Daytime	- 4666 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25,00 Filing Fee	S30.00 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)
Mailina Addres	e·	Street Address	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMP	MEDI	it LLC		<u></u>	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears ( nability Company)	in our records.)		
The Articles of Organization for this Limited Li Florida document number	iability Company	were filed on	1/04/20	and assign	gned
Florida document number <u>L Z 0000</u>	>71396		'		• 1
This amendment is submitted to amend the following	owing:			17.1. 17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1
A. If amending name, enter the new name of	f the limited liab	ility company here	<u>:</u>	E. 700	; i
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.l.z	<u>e.                                     </u>
Enter new principal offices address, if applic	able:			<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	<del></del>	<del>_</del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office addre	<u>ss here</u> :				
Name of New Registered Agent:	Jour	thro m	(714 BO	,086 50 F	<u>-</u> E_
New Registered Office Address:	N 41	Enter Florid	a street address	No 14 10	1
	+(0m	E STEAD City	, Florida	23 637 Zip Code	<u>}</u>
New Registered Agent's Signature, if changing	Registered Agent:				
Thereby accept the appointment as registere	ed agent and agr	ee to act in this ca	pacity. I further	agree to compl	y 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>	Address	Type of Action
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ective date, if other the reflective date is listed, the term of the date inserted in turnent's effective date of the date of	: date must be specific ar in this block does not	nd cannot be prior to I meet the applicab	date of filing or mor le statutory filing	(option e than 90 days after f requirements, this	iling.) Pursuant	; to 605,020 be listed a
ecord specifies a delayed is filed.	l effective date, but no	ot an effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 90th da	iy after the
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Filing Fee: \$25.00