LZ0000130046

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| (Addless) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200409219992

05/31/23--01033--008 **25.00

SECRETARY OF STATE

FED

W

COVER LETTER

TO: Registration Section

| Division of Corporations | | | | | | | |
|--|---|---|--|--|--|--|--|
| | EDICAL, LLC | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| | | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | |
| | AYMEE FERNANDEZ | | | | | | |
| | Name of Person | | | | | | |
| | JC & A MEDICAL, LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 760 PONCE DE LEON BLVD. | | | | | | |
| | Address | | | | | | |
| | CORAL GABLES, FL 33134 | | | | | | |
| | | City/State and Zip Code | | | | | |
| | aymec.fernandez@fhcsn.co | | | | | | |
| | E-mail address: (| to be used for future annual report notif | fication) | | | | |
| For further information | concerning this matter, please c | all: | | | | | |
| ANSELMO L. ALLIEGRO | | 305 775-6181 | | | | | |
| Name of Person | | | e Telephone Number | | | | |
| Enclosed is a check for t | he following amount: | | | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting 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 Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations Callahassee e Street, Suite 810 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JC & A MEDICAL, LLC | | |
|---|--|--------------------------------------|
| (Name of the Limited Liability Compan- (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 06/02/2020 | and assigned |
| lorida document number L20000150046 | | |
| this amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liability | ity company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 2023 SEC |
| | | |
| | | MAY 31 AM 9: 5.1 AHASSEE, FLORIDA |
| nter new mailing address, if applicable: | | SEY - |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | Dm 5 |
| . If amending the registered agent and/or registered office adgent and/or the new registered office address here: | ldress on our records, <u>enter the n</u> | ame of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | . Florida | |
| | 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 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 |
|--------------|---------------------|-------------------------|-----------------|
| MGR | BRACERAS, ELIZABETH | 760 PONCE DE LEON BLVD. | |
| | | CORAL GABLES, FL 33134 | ■ Remove |
| | | <u> </u> | □Change |
| MGR MUN | MUNIA, ANGEL | 760 PONCE DE LEON BLVD. | |
| | | ORAL GABLES, FL 33134 | ■Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | · | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Петоvе |
| | | | □ Change |

Typed or printed name of signee