

L70 000158526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

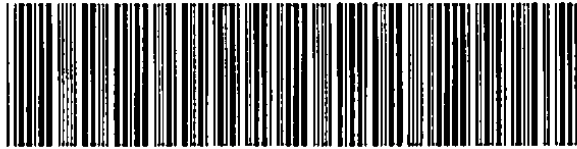
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300358113453

01/15/21--01012--017 **30.00

S TALLER
FEB 23 2021

2021 JAN 15 AM 9:35

**Registration Section
Division of Corporations**

J&J Elite Care Solutions, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Janis Manalang

Name of Person

J&J Elite Care Solutions, LLC

Firm/Company

1732 NE 173 ST

Address

North Miami Beach, FL 33162

City/State and Zip Code

janis.manalang@gmail.com

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

For further information concerning this matter, please call:

Manalang _____ 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 Address:

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

J&J Elite Care Solutions, 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 06/09/2020 and assigned
document number 1.20000158526.

An amendment is submitted to amend the following:

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

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2200 N. Commerce Parkway

Suite 200

Weston, FL 33326

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2200 N. Commerce Parkway

Suite 200

Weston, FL 33326

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 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

being authorized person, and moved from our records:

R = Manager
3R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
dent	Janis Manalang	1732 NE 173 ST	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	Janelle Jackson	1732 NE 173 ST	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33162	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please add EIN: 85-1364833

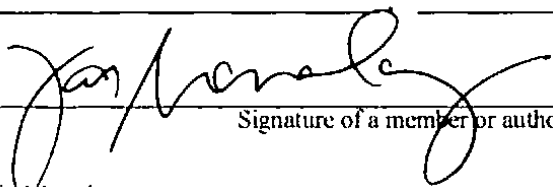
Effective date, if other than the date of filing: _____ (optional)

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.

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 document is filed.

01/07/2020 2021



Signature of a member or authorized representative of a member

Janis Manalang

Typed or printed name of signee