L20000227128

(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



900350731899

08/21/20 -01006 -024 (#35.00

2.0 M. 5.1 L. 1. 5.29

O SIMIAGNS OCT 0 6 2020

COVER LETTER

TO: Registration Se Division of Cor					
	JIMENEZ WELLNESS AND REHAB CENTER LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ZOILA MARIA AGUILAI	₹			
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	1042 NW 87 AVE				
	Address				
	MIAMI FL 33172				
		City/State and Zip Code			
	perezsilvana850@gmail.com		·····		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	incation		
		at ()			
Name	of Person	Area Code Daytin	ne 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 Addre		Street Address:	ontion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63	-	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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

JIMENEZ WELLNESS AND REHAB CENTER LLC

Tulk + 11 Fu 4: 26

(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 08/05/2020 _____ and assigned Florida document number L20000227128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1042 NW 87 AVE Enter new principal offices address, if applicable: MIAMI,33172 (Principal office address MUST BE A STREET ADDRESS) 1042 NW 87 AVE Enter new mailing address, if applicable: MLAMI FL 33172 (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: New Registered Office Address: Enter Florida street address

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>	Address P.14	: Type of Action
AMBR	SILVANA PEREZ BEATO	1042 NW 87 AVE Sprome	
		MIAMI.33172	■Remove
		1042 NW 87 AVE Mayelad	
AMBR	ZOILA MARIA AGUILAR	MIAMI.33172	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊡∧dd
			Remove
			□Change

ADDRESS/1042 NW 87 AVE MIAMI 33172	2.3347 (2.0.57) 4: 26
ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applical	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 ble statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's records.	
soord ensoities a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
0011012020	
ted $\frac{08/13/2020}{}$,	
(Ning ilda)	
<u> </u>	rized representative of a member

Typed or printed name of signee