

L20 000262134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

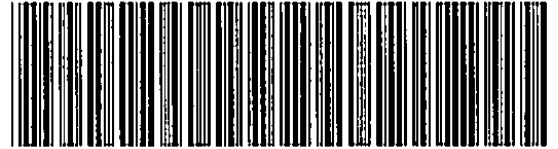
(Business Entity Name)

(Document Number)

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2023 NOV 13 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 17 2020

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

2023 NOV 13 PM 12: 59

JR HEALTH & LIFE SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) JALAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/17/2020 and assigned Florida document number L20000262134.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10507 STRAWBERRY TETRA DR

RIVERVIEW FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10507 STRAWBERRY TETRA DR

RIVERVIEW FL 33578

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:

GONZALEZ-MOYANO, JORGE

New Registered Office Address:

10507 STRAWBERRY TETRA DR

Enter Florida street address

RIVERVIEW

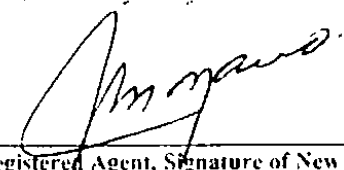
City

Florida 33578

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 or removed from our records:

FILED

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	GONZALEZ, JORGE	10507 STRAWBERRY TETRA DR RIVERVIEW, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	GONZALEZ-MOYANO, JORGE	10507 STRAWBERRY TETRA DR RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	EIRANOVA REBECCA	10507 STRAWBERRY TETRA RIVERVIEW, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	EIRANOVA, REBECCA	10507 STRAWBERRY TETRA DR RIVERVIEW, FL 33578	<input checked="" 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

FILED

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

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DEPT. OF STATE
TALLAHASSEE, FL

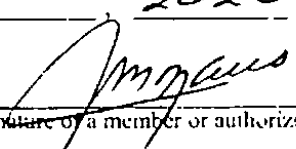
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the 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 record is filed.

Dated Nov 9 2020



Signature of a member or authorized representative of a member

JORGE GONZALEZ-MOYANO

Typed or printed name of signee

Filing Fee: \$25.00