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COVER LETTER

TO:	Registration Section Division of Corporations			ŕ	
SUBJ	ECT:	Medica	u Group, UC		
		Name of Limi	ted Liability Company		
The en	closed Articles of Amendment a	nd fee(s) are sub	mitted for filing.		
Please	return all correspondence conce	rning this matter (to the following:		
		Joaq	Name of Person	ria	_
		<u>-</u>	Firm/Company		
	(0)	fe wa	AVE APT 708	·	
	٨	liami, f	Address 1		22 SEP -6 PH 3: 36
			City/State and Zip Code		SEP -6
			to be used for future annual repo	rt notification)	- PH 0
For fu	rther information concerning this	s matter, please ca		_	3: 36
	Joaquin Hechay	arria	at () Arca Code D	1 - 010) Daytime Telephone Numb	_ per
Enclos	sed is a check for the following a	mount:			
▽ s:		Filing Fee & icate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	;	The Centre 2415 N. M		e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD Medical Group us	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cord <u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 922 Florida document number 22000290407	2020 and assigned
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."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SEP SEP
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u>3</u> 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered office address on our records, eagent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	ddress
	, Florida
City	Σιρ 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>	Name	Address	Type of Action
MGR	Silvia Hernandez Valles	9159 SW 87 AME	
		9159 SW 87 AND Miami, FL 33716	[[]Kemove
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n effectiv <u>te:</u> If tl	date, if other than t redate is listed, the date in the date inserted in this	must be specific s block does no	and cannot be j of meet the ap	plicable sta	of filing or more	than 90 days	p tional) after filing.) Pu this date wil	rsuant to 605.020 I not be listed a
cument'	s effective date on the	: Department of	of State's reco	ords.				
_	ecifies a delayed effec	ctive date, but	not an effecti	ve time, at 1	2:01 a.m. on	the earlier of	f: (b) The 90	Oth day after the
				22				
is filed.	August. 8		_, _10	<u> </u>	· · · · · ·			
is filed.	August. 8	Signature	of a member or	authorized	MMY presentative of	a member		

Filing Fee: \$25.00