

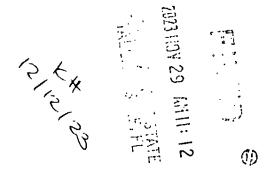
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## **COVER LETTER**

JMFG HEALTH SYSTEM LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
YADAY M. REINA GARCIA	
Name of Person	
JMFG HEALTH SYSTEM LLC	
Firm/Company	
6741 SW 24 STREET SUITE 46	
Address	
MIAMI, FLORIDA 33155	
City/State and Zip Code	
YADAYMARIAREINA@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	220
YADAY M. REINA GARCIA 786 459-7157 at ( )	
Name of Person Area Code Daytime Telephone Number	M23110V 29
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified Co	of Status &

Mailing Address:

TO:

Registration Section

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

any as it now appears on our records.) Liability Company)	
y were filed on OCTOBER 22, 202	20 and assigned
bility company here:	
ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
6741 SW 24 STREET SUITE 4	16
MIAMI, FLORIDA 33155	
6741 SW 24 STREET SUITE	46
MIAMI, FLORIDA 33155	
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address on our records, enter the	e name of the new register
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, Flori	da Zip Code
	bility company here:  ility Company," the designation "LLC" o  6741 SW 24 STREET SUITE 4  MIAMI, FLORIDA 33155  6741 SW 24 STREET SUITE  MIAMI, FLORIDA 33155  address on our records, enter the

## 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	Type of Action
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			□Remove
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			☐ Change
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		<del></del>	□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if i	necessary.)	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of cord is filed.	f: (b) The 90th day after the	e
Dated November 20th, 2023		
Signature of a member or authorized representative of a member	<del></del>	
YADAY M. REINA GARCIA		