

h22 000 123806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

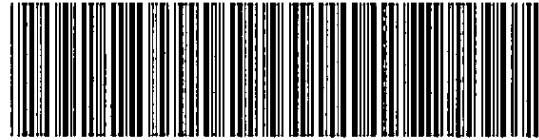
Special Instructions to Filing Officer:

J. HORNE

OCT 22 2022

9/14

Office Use Only



200385017462

06/10/22--01019--022 **30.00

RECEIVED
FALL ARRESTED

2022 SEP 14 PM 12:52

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 14 2022

August 29, 2022

JULIA TJANDERA
2509 ARVAN BRANCH BLVD
TALLAHASSEE, FL 32309 US

SUBJECT: JEWELS CAPITAL PREVENTATIVE CARE LLC
Ref. Number: L22000123806

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 722A00019245

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

Jewels Capital Preventative Care
(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

FILED
2022 SEP 14 PM 12:51
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/10/2022 and assigned Florida document number L22000123806.

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)

8511 Bull Headley Rd
Ste. 400
Tallahassee, FL 32312

Enter new mailing address, if applicable:

(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

Florida

City

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julia Jandera	2509 Arvah Branch Blvd	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sebastian Santos	2509 Arvah Branch Blvd	<input type="checkbox"/> Add
		Tallahassee, FL 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

08/30/2022



Signature of a member or authorized representative of a member

Julia Tander

Typed or printed name of signer

Filing Fee: \$25.00