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COVER LETTER

TO: Registration S Division of Co			
JJ MEDIC SUBJECT:	AL & SURGICAL CONSULT	ING	
эовлест	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JESSICA JANUSZEWSK	I	
		Name of Person	
	JJ MEDICAL & SURGIC	AL CONSULTING	
		Firm/Company	
	699 SEVILLE CT.		
	· · · · · · · · · · · · · · · · · · ·	Address	
	SATELLITE BEACH, FL	32937	
		City/State and Zip Code	
	DRJ@THEBRAINANDSI	INECLINIC.COM to be used for future annual report noti	Wardan)
For further information	concerning this matter, please c	•	neation)
JACOB JANUSZEWSŁ		917 502-1112	
Name	of Person	at () Area Code Daytim	e 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 Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI.	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JJ MEDICAL & SURGICAL CONSULTING, LLC

2022 JUN 14 PM 2:55

(Name of the Limited Liability Company as it now appears on our records:) [1] (A Florida Limited Liability Company) [A1] The Articles of Organization for this Limited Liability Company were filed on $\frac{05/27/2022}{1}$ and assigned Florida document number 1.22000246875 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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>	Type of Action
MGR	JESSICA A JANUSZEWSKI	699 SEVILLE CT.	□Add
		SATELLITE BEACH, FL 32937	□Remove
			■Change
			□Add
			Remove
			□Change
			□Add
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			⊡Change
			□Remove
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			□Change
			🗀 Add
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