

122 000310239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

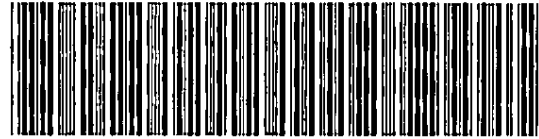
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



300393539223

09/01/22--01019--010 --25.71

22 SEP -1 PM 2:03

RECEIVED
OFFICE OF THE
CLERK OF THE
COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JILLIAN PALMER JOHNSON PA-C LLC

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:

JILLIAN PALMER JOHNSON

Name of Person

Firm/Company

1579 LYLE PARKWAY

Address

BARTOW, FL 33830

City/State and Zip Code

JRP9119@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILLIAN P JOHNSON

863 581-6399
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

22 SEP - 1 PM 2:03

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

JILLIAN PALMER JOHNSON PA-C LLC

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

The Articles of Organization for this Limited Liability Company were filed on JULY 12, 2022 and assigned
Florida document number 1.22000310239.

This amendment is submitted to amend the following:

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

JILLIAN PALMER JOHNSON PA-C PLLC

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)

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	JILLIAN P JOHNSON PA-C	1579 LYLE PARKWAY	<input type="checkbox"/> Add
		BARTOW, FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JILLIAN P JOHNSON	1579 LYLE PARKWAY	<input checked="" type="checkbox"/> Add
		BARTOW, FL 33830	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP - 1 PM 2:03
DIVISION OF CHILDREN & FAMILIES
STATE OF FLORIDA

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

PURPOSE - TO PROVIDE SERVICES AS A PHYSICIAN ASSISTANT AS PROVIDED FOR UNDER
FLORIDA STATUTE AND ADMINISTERED BY THE FLORIDA DEPARTMENT OF HEALTH

22 SEP - 1 PM 2:03
DIVISION OF CORPORATIONS

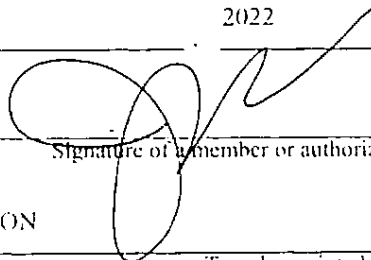
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 AUGUST 25, 2022



Signature of a member or authorized representative of a member

JILLIAN P JOHNSON

Typed or printed name of signee