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TARSKER OF STATE

R. HUNT 03/27/23

COVER LETTER

TO:

TO: Registration S Division of Co						
	lealth, LLC					
SUBJECT:	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:				
	Jennifer Mathias					
		Name of Person		_		
		Firm/Company		_		
	14576 Lara Circle			. .	797	
		Address				
	North Fort Myers, FL 339	17			97327 AMIO: 12	į
		City/State and Zip Code	- 1,	-15.00 -1	I=	Š
	jenl75math@hotmail.com				ö	1
For further information	concerning this matter, please c	to be used for future annual report notiful.	ncation)		2	
Jennifer Mathias		651 491-7839				
Name	of Person	Area Code Daytime	e Telephone Numbe	er		
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	atus &	
Mailing Addre Registration		Street Address: Registration Sec	ction			
Division of Corporations		Division of Cor	porations			
P.O. Box 63. Tallahassee,		The Centre of T 2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLM ProHealth, 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 3/2/2023 and assigned Florida document number L23000 11128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JLM ProHealth Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 14576 Lara Circle 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

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>	<u>Name</u>	Address	Type of Action
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