

C24 000 182987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

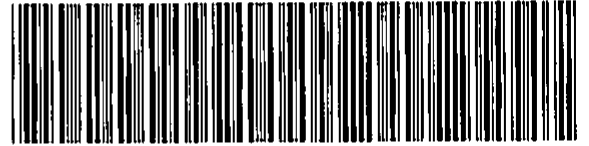
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500427622735

04/30/24--C1006--003 **50.00

FILED

2024 APR 30 PM 12:32

RECEIVED

2024 APR 30 PM 12:43

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAG RNx Consultations 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:

JASON GREAVES
Name of Person

JAG RNx Consultations LLC
Firm/Company

893 MALCOLM CHANDLER LANE #203
Address

West Palm Beach, FL 33401
City/State and Zip Code

JAGRNxCONSULTATIONS@GMAIL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON GREAVES at (954) 439-5687
Name of Person Area Code Daytime 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 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

2024 APR 30 PM 12:32

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JAG RNx Consultations

(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 04/18/2024 and assigned
Florida document number L24000182987.

This amendment is submitted to amend the following:

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

JAG RNx Consultations L.L.C.

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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 attending 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	JASON GREAVES	893 MALCOLM Chandler Lane	<input checked="" type="checkbox"/> Add
		#203 West Palm Beach, FL	<input type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change
AMBR	JASON GREAVES	893 MALCOLM Chandler Lane	<input checked="" type="checkbox"/> Add
		#203 West Palm Beach, FL	<input type="checkbox"/> Remove
		33401	<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

2021 APR 30 PM 11:32

FILED

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

I am filing this amendment in order to correct the spelling of the company's name. As the register agent, I am also amending myself as the Authorized Person(s).

2024 APR 30 PM 12:32

FILED

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 April 25, 2024


Signature of a member or authorized representative of a member

JASON GREAVES
Typed or printed name of signer

Filing Fee: \$25.00