

L24000 234 831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

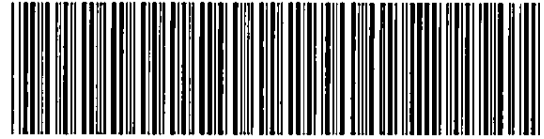
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAX HEALTHCARE 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:

YOANA PEREZ PILOTO

Name of Person

JAX HEALTHCARE LLC

Firm/Company

2222 WALKERS GLEN LN

Address

JACKSONVILLE, FLORIDA 32246

City/State and Zip Code

jaxhealthcarellc@gmail.com

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

For further information concerning this matter, please call:

YOANA PEREZ PILOTO

786

985-5448

at (_____) _____

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

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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>
President	Yoana Perez Piloto	2222 WALKERS GLEN LANE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Yuriel Gonzalez Exposito	2222 WALKERS GLEN LANE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

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

UPDATE THE OWNERSHIP PERCENTAGE BETWEEN THE TWO MANAGERS OF

JAX HEALTHCARE LLC.

YOANA PEREZ PILOTO - 50%

YURIEL GONZALEZ EXPOSITO - 50%

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E. Effective date, if other than the date of filing: 05/20/2024 **(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 06/03, 2024

Signature of a member or authorized representative of a member

YOANA PEREZ PILOTO

Typed or printed name of signee

Yoana Perez Piloto