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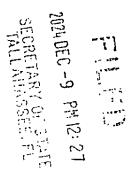
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COVER LETTER

	Registration Se Division of Cor		
CUDIEC		THCARE LLC	
SUBJEC	.1:	Name of Lin	ited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please re	turn all correspo	ndence concerning this matter	to the following:
		YOANA PEREZ PILOTO	
		·	Name of Person
		JAX HEALTHCARE LLC	
			Firm/Company
		2222 WALKERS GLEN I	_N
			Address
		JACKSONVILLE, FLOR	IDA 32246
			City/State and Zip Code
		jaxhealthcarellc@gmail.com	n se
For further	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)
YOANA	PEREZ PILOT	ro	786 985-5448 999 P
	Name o	f Person	City/State and Zip Code To be used for future annual report notification) all: The state and Zip Code The state and Zip Co
Enclosed	is a check for th	ne following amount:	
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Section
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee
	Tallahassee, I		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX HEALTHCARE LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records mited Liability Company)	.)
The Articles of Organization for this Limited Liability Con Florida document number L24000234831	npany were filed on 06/03/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		703
		間の二
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		mo ??
New Registered Office Address:	C. Cl.:I	
	Enter Florida street address	
	, Flo	rida
	Ciù,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LANGUE AL TUCADO LA C

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
President	Yoana Perez Piloto	2222 WALKERS GLEN LANE	≣ Add
		JACKSONVILLE, FL 32246	□ Remove
			☐ Change
VP	Yuriel Gonzalez Exposito	2222 WALKERS GLEN LANE	
		JACKSONVILLE, FL 32246	□ Remove
			■Change
			□ Add
			□Remove
			SECRETALL TALL
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			Sho DRemove
			Change
			□Add
			Remove
			Change
			□Remove
			Change

JAX HEALTHCARE	LLC.							
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YOANA PEREZ PILO	OTO - 50%		<u></u>					-
YURIEL GONZALEZ	EXPOSITO -	50%						-
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in document's effective date on	ite must be specif his block does	fic and cannot be prio not meet the applic	r to date of t	iling or more than		iling.) Pursu		
e record specifies a delayed e d is filed.	Tective date, bu	ut not an effective t	ime, at 12:	01 a.m. on the e	arlier of: (b)	The 90th	day afte	er the
06/03 Dated		2024	·					
				A L)]			

Typed or printed name of signce