

L24000407556¹

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ANDINO CONSULTING GROUP INC
Account Number : 128228000013
Phone : (407)376-2911
Fax Number : (407)674-2255

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jaslo@andinocg.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JF INTERNAL MEDICINE LLC

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TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JF Internal Medicine 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 09/25/2024 and assigned Florida document number L24000407556

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: JOSE NICOLAS FUENTES

New Registered Office Address: 15674 PANTHER LAKE DR

Enter Florida street address

WINTER GARDEN, FL 34787, Florida 34787

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.

Handwritten signature of Jose Nicolas Fuentes over a line labeled 'If Changing Registered Agent, Signature of New Registered Agent'

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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>
MGRM	Jose Nicolas Fuentes	15674 Panther Lake Dr Winter Garden, FL 34787	<input checked="" 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
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