Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H24000355492 3)))



Note: DO NOT hat the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Componations Fax Number : (#50)617-6383

From:

Account Number : ANDING CONSULTING GROUP INC Account Number : 120220000013 Phone : (407)376-2911 : (407)376-2913 : (407)674-2255 Fax Number

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

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
JF INTE	RNAL MEDICINE LLC		
5003EC1.	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ebmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	JOSE N FUENTES		
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	15674 PANTHER LAKE	DR	
		Address	
	WINTER GARDEN FL 3		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	fication)
For further information	concerning this matter, please of	ail:	
DARIO ALVAREZ		407 376-2911 at()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fce	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H240003554923 FILED 2024 OCT 24 PM 4:24

		"ALLAHASSAL I C.
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	TALLAHASSEE FLORIDA
e Articles of Organization for this Limited I	Liability Company were filed on 09/25/2024	and assigned
orida document number L24000407556		
s amendment is submitted to amend the following	lowing:	
If amending name, enter the new name of	of the limited liability company here:	
new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applic	:able:	
incipal office address MUST BE A STREE	ET ADDRESS)	
uiling address MAY BE A POST OFFICE		
illing address MAY BE A POST OFFICE  If amending the registered agent and	or registered office address on our re-	cords, enter the name of the nev
iling address MAY BE A POST OFFICE  If amending the registered agent and	or registered office address on our re-	
If amending the registered agent and/stered agent and/or the new registered of	or registered office address on our ref ffice address here:	
If amending the registered agent and/ istered agent and/or the new registered of  Name of New Registered Agent:	for registered office address on our ref ffice address here:  JOSE NICOLAS FUENTES  15674 PANTHER LAKE DR  Enter Florida street a	5
	for registered office address on our ref ffice address bere:  JOSE NICOLAS FUENTES  15674 PANTHER LAKE DR	5

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

Page 1 of 3

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

Title	Name	Address	Type of Action
MGRM	Jose Nicolas Fuentes	15674 Panther Lake Dr Winter Garden, FL 34787	<b>-</b>
<del> </del>			Add
			□ Remove
			Change
			DbA 🖳
			Remove
			Change
			🗆 Add
			□ Remove
		-	Change
			🗆 Add
			C Remove
			Change
			_□ Add
			_□ Remove
			_D Change
			_□ Add
			_□ Remove
			_□ Change

					<del></del>		<del></del>
	<u> </u>						
							<del></del>
				<del></del>	·		<del></del>
	<del>-</del>	<u> </u>					
			<del></del>				
<del></del>							
		<del></del>	<del></del>				<del></del>
	·						
						- IA	~
					<del></del>	<del></del>	2074
				·- <del></del>		<u> </u>	<u> </u>
						ASS.	2
<del></del>				<u> </u>		Ĺu <sup>(</sup>	_ <del></del> _
<del></del>	<del></del>		<del> </del>				₽_
						LORI	÷:
Tective date.	, if other than the da	ite of filing:			(option	.al)⊆r	24
ote: it the da	e is listed, the date must be te inserted in this block	i does not meet th	ie applicable s	e of filing or more the tatutory filing req	an 90 days after fi uirements, this d	ling.) Pursu: late will no	int to 605.0 It be listed
cament 2 elic	ective date on the Depa	nment of State's	records.				
record en	acifies a delayed e	ffoctivo dato	h	-66	- 12.01		
The 90th d	ecifies a delayed e ay after the record	is filed.	חמנ ווטנ אוו	errective time	. at 12:01 a.r	n. on the	e earlier
	, ,						
ited / /	0/24 /2024						
<del>_</del>	/			/			
<u> </u>	<del></del>		ser for	te			
	Sig	nature of a membe	r or authorized	epresentative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00