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PARTS 122 AMID: 41

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Jody D. H.	Healthcare Servi	ces LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mar	So A Phillip Name of Person	
	Jody D. He	Ealthcare Service Firm/Company	ces LLC
	7726 Wine	egard Road Address	
	Orlando	FL 32809 City/State and Zip Code	
	$\sim$	dy @ Myyahoo.  to be used for future armual report noti	COM_ fication)
For further information co	oncerning this matter, please ca	all:	
Margo Ph	Person	at ( <u>689</u> ) <u>229</u> Area Code Daytim	G629 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is carlosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jody D. Healt Name of the Limited Liability (A Floris	The are Service sility Company as it now appears on our da Limited Liability Company)	es L C
The Articles of Organization for this Limited Liability Florida document number <u>L250004072</u>	Company were filed on Sople	ember 8,2025 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		美沙 177
(Principal office address MUST BE A STREET ADD	ORESS)	OF STATE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	pet address
	Liner 1 tottaa sire	
	City·	, Florida 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 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>	Name	Address	Type of Action
MGR	Margo A Phillip	2223 N Hastings St	tl/Add
		Orlando, FL 32808	🗆 Remove
			□Change
			□Add
			□Remove
			□Change
MGR	Roxwayne Dunkley		□ Add
	Ju.	2223 N Hastings St	(VRcmove
		Orlando, FL 32808	
		<u></u>	🗆 Add
			□Remove
			□Change
AMBR	Roxwayne Dunkley	2223 N Hastings St	ŒAdd
		Orlando, FL 32808	□Remove
			□Change
	<del>-</del>		🖸 Add
			🗆 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am amending my document to add
Myself (Margo A Phillip) as the manager
and remove my husband wrong initial
JR. and add his correct hamp as
is (Roxwayne Dunktey.)
13 CISON WAYING CHIMITEY.)
<del></del>
•
E. Effective date, if other than the date of filing:  (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 September 22, 2025.
MP
Signature of a member or authorized representative of a member
Margo A Phillip Typed or printed name of signee

Filing Fee: \$25.00