

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: JS MEDICAL OFFICE CONSULTING, LLC
ENTITY ID: L12285860
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Member-Managed

NEW NAME

No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: JANTINA D WILSON
PHYSICAL ADDRESS: 1600 W UNIVERSITY AVE STE 207 , FLAGSTAFF, AZ 86001
MAILING ADDRESS: 1600 W UNIVERSITY AVE STE 207 , FLAGSTAFF, AZ 86001

KNOWN PLACE OF BUSINESS

1600 WUNIVERSITY AVE STE 207 , FLAGSTAFF, AZ 86001

PRINCIPALS

Member: JANTINA D WILSON - 624 W. SANTA FE, FLAGSTAFF, AZ, 86001, USA - - Date of Taking Office:
09/12/2005

Member: TRICIA LYN MARTINELL - 4970 S TOPAZ RD, FLAGSTAFF, AZ, 86001, USA - - Date of Taking Office:
10/28/2008

SIGNATURE

Member: Tricia Lyn Martinell - 08/10/2020



Corporations Division

COMMISSIONERS

Chairman, Robert "Bob" Burns
Boyd Dunn
Sandra D. Kennedy
Justin Olson
Lea Márquez Peterson

Date: 7/23/2020

Delivered via: Email

Tricia Martinell
AZ 86001

RE: Entity Name: JS MEDICAL OFFICE CONSULTING, LLC
ACC Order Number: 202007010867409
Document Received Date: 07/01/2020
Rejected Document ID: 9544609

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 29-851, unless otherwise noted below.

The document Articles of Amendment - LLC you submitted is REJECTED for the following reasons:

Rejection Comments: When removing a member, the name and address must match ACC records. Our records show (SANDRA J TURNER) not SANDRA TURNER.

YOUR NEXT STEPS:

Return the corrected document to us per the above instructions **with this rejection letter**. Please return the **entire** corrected document **no later than 30 days after the date of this letter** in order to keep your original filing date. If we receive the corrected document more than 30 days after the date of this letter, the original filing date will not apply; the corrected document's filing date would be the new received date if the document is approved for filing.

YOU CAN RESUBMIT ONE OF THE FOLLOWING WAYS:

ONLINE - Only if:

- I You originally submitted online, and
- I There are no payment issues noted above, and
- I No new document type is required.

BY PAPER - Only if:

- I You originally submitted by mail or over the counter, or
- I There is a payment issue, or
- I A different or new document type is required.

For **online** resubmission, log into your account and select the document under "My Rejected Filings."

For **paper** resubmission, return to the ACC the following:

1. All pages of the corrected or revised document, including any original attachments;
2. Any additional documents or forms required as noted in the above reasons for rejection;
3. Payment of any amounts owed as noted in the above reasons for rejection; and
4. A copy of this letter (we must have the Rejected Document ID).

If you have questions, review the Instructions to the document you submitted for more detailed information. You may also contact Customer Service at 602-542-3026 or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson
1300 W. Washington Street, Phoenix, AZ 85007 | 602-542-3026 | azcc.gov

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

AMENDMENT ATTACHMENT FOR MEMBERS

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
JS Medical Office Consulting, LLC

2. **Check one box only to indicate what document the Attachment goes with:**
☒ Articles of Amendment ☐ Articles of Amendment to Foreign Registration Statement

3. **MEMBERS CHANGE (CHANGE IN MEMBERS)** – Use one block per person -
 To REMOVE a member - list the name only of the member being removed and check "Remove member."
 To ADD a member - list the name and address of the member being added and check "Add member."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing member - list the current name, then the NEW name, and check "Name change."
 If more space is needed, complete and attach the Amendment Attachment for Members.

Sandra J Turner			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
3608 N Paradise Road			Address 2 (optional)		
Address 2 (optional)	AZ	86004	Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES					
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		

Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		