

43000077303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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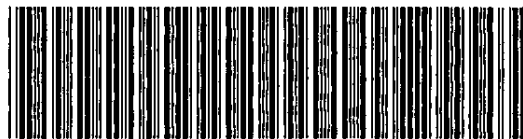
(Business Entity Name)

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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY DOCTOR'S OFFICE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARSHA SIHA
(Name of Person)

INCFILE.COM LLC
(Firm/Company)

134 VINTAGE PARK BLVD A-50
(Address)

HOUSTON, TX 77070
(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA SIHA at (888) 462-3453 X 701
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

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

MY DOCTOR'S OFFICE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/28/2013 and assigned document number L13000077303.

SECOND: This amendment is submitted to amend the following:

ARTICLE ONE SHOULD READ: MY DOCTORS' OFFICE, LLC

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TALLAHASSEE FLORIDA

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Dated JUNE 6, 2013.

Efrain Arroyave
Signature of a member or authorized representative of a member

EFRAIN ARROYAVE
Typed or printed name of signee

Filing Fee: \$25.00