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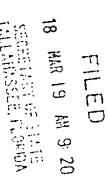
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## **COVER LETTER**

	Registration Se Division of Cor			
cup ico		d Home Doctors LLC		
SUBJEC	·1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	endence concerning this matter	to the following:	
		Daniel Healy		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Professional Home Doctor	s LLC	
			Firm/Company	
		4943 Oarsman Ct		
			Address	· · · · · <del></del>
		Sarasota FL 34243		
		<del></del>	City/State and Zip Code	
		dan.healy@prohomedocs.co		
		E-mail address: (	to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Daniel H	<u> </u>		941 730-3269 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>= \$2</b> 5.0	0 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:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professional Home Doctors LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Control of	ompany were filed on January 23, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		0. 20
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	フ 
3. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
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		SARASOTA FL 34234	■ Remove
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Affective date, if other than the fan effective date is listed, the date must be locument's effective date on the D	t be specific and cannot be prior took does not meet the applica	to date of filing or more than 90 days	
e record specifies a delayed The 90th day after the rec		an effective time, at 12:	:01 a.m. on the earlier o
MARCH 8	2018		
	100110		
	Signature of a member or autho	rized representative of a member	<del></del>
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Page 3 of 3

Filing Fee: \$25.00