## 104000074080

(Requestor's Name)
(Address)
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(Address)
(Address)
(City/State/Zip/Phone #)
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(Basilios Ellas, Name)
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	DIGITAL DOCTOR (Name of Lin	RS ST PETERSBURG LL nited Liability Company)	<u>C</u>
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to me ronowing:	
	JIM (	GAY	
_	(N	ame of Person)	
	MIL	GAY, CPA	
	(F	irm/Company)	
	3984 MA	ANATEE AVE EAST	
		(Address)	
	BRADE	ENTON FL 34208	
	(City/S	State and Zip Code)	
For further information of	concerning this matter, please ca	all:	
JIM	GAY	941 747	-0588
	(Name of Person)	at ( 941 ) 747	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

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DIGITAL DOCTORS ST PETERSBURG LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: SECOND:	The Articles of Organization were filed on document number <u>L04000074080</u> and assigned The following amendment(s) to the Articles of Organization was/were adopted by liability company:	y the li	imited	
, 6	ICLE V - NAME AND ADDRESS OF MANAGERS ADD ANDY REID 5262 93RD TERRACE N #3901 PINELLAS PARK, FL 33782	TALLAH ASSEE FLORIBA	04 NOV 15 PM 4: 19	
Dated N	Signature of a member or authorized representative of a member  SCOTT HAIR  Typed or printed name of signee			

Filing Fee: \$25.00