L05000107620

	questor's Name)	
V		
(Ad	ldress)	
(Ac	idress)	
	ty/State/Zip/Phone	***
(On	CALCON TO THE	3 m)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

Office Use Only



300079965123

09/28/06--01012--023 **30.00

PILED

O6 SEP 28 PHIZ: I

SECRETANT OF STATE

ALL AMARCE E E COM

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	(Name of Limited Liability Company)
The enc	losed Articles of Amendment and fee(s) are submitted for filling.
Please r	eturn all correspondence concerning this matter to the following:
	NAVNITA MANIYA (Name of Person)
	(Name of Person)
	C+D LCC (Firm/Company)
	• •
	5219 - SPAINGSIDE COURT
	(Address)
	ORCANDO - FLORIDA-32819 (City/State and Zip Code)
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
	(Name of Person) at (407) 574 1/05 (Name of Person) (Area Code & Daytime Telephone Number)
Facioced	is a check for the following amount:
سمادة	O Filing Fee Scartificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) S55.00 Filing Fee & Scartificate of Status & Certificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

06 SEP 28 PM12: 11

CTOLLC

j

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on ///04/05 and assigned document number	-
SECOND:	This amendment is submitted to amend the following:	٠
	NAME + ABONESS CHANGE OFF MGRM	
	MR. NAVNIT MANIYA	
	5219 SPRINGSIDE CT	: -
	ORLANDO, FC 32819	-
	NEW COMPANY NAME - DOCTORS LLC	
	PLEASE CHANGE MAILING + PRINCIPAL BOORESS	-
	TO THE ABOVE ADDICESS.	
	N. Maya	٠.
Dated	9/25/06 2006	****
Jaieu		
	SNBAL	
	Signature of a member or authorized representative of a member	
	S. N. PATEL	
	Typed or printed name of signee	٠

Filing Fee: \$25.00