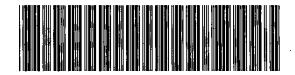
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COVER LETTER

Division of Corp			
SUBJECT: SHAWN I	D. DOERRFELD D.C.,	P.L.	
SUBJECT:	Name of Limit	ted Liability Company	
	amendment and fee(s) are subr	-	
	MICHAE	L OSBORNE, JR.	
		Name of Person	
	SHAWN D. DO	DERRFELD D.C., P.L.	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	50 LEAN	NI WAY, SUITE D-1	
		Address	
	PALI	M COAST, FL 32137	
	mosh	City/State and Zip Code ome0402@gmail.com	
		to be used for future annual report notifical	tion)
For further information co	oncerning this matter, please co	all:	
MICHAEL O	SBORNE, JR.	386 283-5997	,
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	e 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)
	ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IAWN D. DOERRFELD D.C		
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L Florida document number L07000089386	iability Company were filed on	08/30/2007 and assigned	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company i	<u>aere</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	LCC 4	***
(Principal office address MUST BE A STREI	ET ADDRESS)	\$ 7 P	
		SA O PAR	(New
		TO P	
Enter new mailing address, if applicable:		FLORID.	e e
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	DA SO	
B. If amending the registered agent and registered agent and/or the new registered of	•	on our records, enter the name of the n	<u>ew</u>
Name of New Registered Agent:	MICHAEL OSBORNE, J	IR.	
New Registered Office Address:	50 LEANNI WAY, SUITE	≣ D-1	
	Enter Fl	lorida street address	
	PALM COAST	, Florida 32137	
	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, Thereby 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL OSBÓRNE, JR	50 LEANNI WAY, SUITE D-1	= Add
		PALM COAST, FL 32137	□ Remove
MGR	SHAWN D. DOERRFELD	50 LEANNI WAY, SUITE D-1	Add
		PALM COAST, FL 32137	■ Remove
			Add 15 Add 15 Remove TALLAHASSE
			O PH Add: 50 Remove
			□ Add
			Remove
			□ Remove

	the date of filing: 2/1/2015 (antions
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he effective date must be specific, he date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
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	cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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