

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383

**L. SELLERS**

**MAR 23 2009**

**From:**  
 Account Name : LEGALZOOM.COM INC..  
 Account Number : J20010000062  
 Phone : (323) 962-8600  
 Fax Number : (323) 962-3889

**EXAMINER**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**RESOLVE M.D. PL**

Certificate of Status	0
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## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Tony Burroughs

DATE 2009-03-20 18:10:46 GMT

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## COVER MESSAGE

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From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]

Sent: Friday, March 20, 2009 1:08 PM

Cc: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RESOLVE M.D. PL

(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:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at ( 323 ) 962-8600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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**

**RESOLVE M.D. PL**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/26/2008 and assigned Florida document number L08000030775.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 608, 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)

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**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager

MCRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**Article II: The street address of the principle office of the Limited Liability Company shall be:**

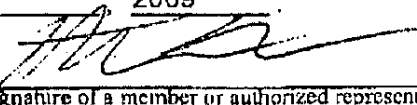
1307 South International Parkway, Ste. 1061, Lake Mary, FL 32746

The mailing address of the L.L.C. shall be: 1307 South International Parkway, Suite 1061, Lake Mary, FL 32746

**Article V. The name and address of the managing member shall be:**

Stephen Duncan, 1307 South International Parkway, Suite 1061, Lake Mary, FL 32746

Dated March 17 2009



Signature of a member or authorized representative of a member

Stephen Duncan, Member

Typed or printed name of signee

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