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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
A. LUNT					
AUG 29 2008					
EXAMINER					
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COVER LETTER

Division of Cor	porations		•	
SUBJECT: Dr. San	ford Mark, LLC			.
		ited Liability Company)		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Susan Taylor			
		(Name of Person)		
	Susan L. Taylor, LLC			
		(Firm/Company)	7000 SEC	
	3150 N. Wickham Rd., Ste. 3			a
	 	(Address)	AND 28 CRETARY CAHASSE	
	Melbourne, FL 32935		28 28 SSE	
		(City/State and Zip Code)	THE D	
For further information of	oncerning this matter, please c	all:	A D 3: 41	
	, F			
Susan Taylor		at (321) 242-7547		
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for the	he following amount:			
☑ \$25.00 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 enclose	ed)

MAILING ADDRESS:

TO:

Registration Section

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

Dr. Sanford (Name of the Limited I		ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Lia	ibility Company	were filed on July 10, 200	08	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the o		" or the abbreviation
Enter new principal offices address, if applica	ble:	Dr. Sanford Mark	ZEC TALL	
(Principal office address MUST BE A STREET		840 White Ivey Ct.	基型 	-
		Apopka, FL 32712	SE SE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)	Dr. Sanford Mark 840 White Ivey Ct.	OF STATE	, •
·	<u></u>	Apopka, FL 32714		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	_		ords, enter the	name of the new
	040340-7-1		 -	
New Registered Office Address:	840 White Ive		ida street addre	ss)
	Apopka	,	, Florida <u>3271</u>	ŕ
	· .h h	(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 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

<u>le</u>	<u>Name</u>	Address	Type of Act
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f amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
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ed Augu	ust 15 , 2008	·	
	1 39 U	<	
	• •	or authorized representative of a member	
		rd Mark or printed name of signee	· · ·

Page 2 of 2

Filing Fee: \$25.00