

L09000089103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

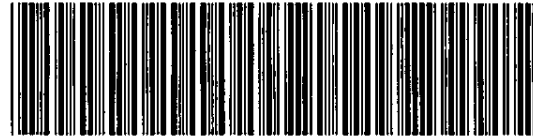
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15 JAN -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

JAN -8 2015



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

HAMMETT FINANCIAL, PA
ATTN: CYNTHIA L. HAMMETT
7280 SW HWY 200
OCALA, FL 34476

SUBJECT: THE TV DOCTOR, LLC
Ref. Number: L09000089103

We have received your document for THE TV DOCTOR, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 114A00025002

RECEIVED
15 JAN -7 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TV DOCTOR, LLC

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:

CYNTHIA L. HAMMETT

Name of Person

HAMMETT FINANCIAL, P.A.

Firm/Company

7280 SW Highway 200

Address

OCALA, FL 34476

City/State and Zip Code

cindylhammett@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia L. Hammett

Name of Person

at (352) 861-2000

Area Code

Daytime 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)

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**

15
JAN -7 PM 2:30
FILED
SHERIFF'S OFFICE
PALM BEACH COUNTY
FLORIDA

THE TV DOCTOR, LLC
(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 09/15/2009 and assigned
Florida document number L09000089103.

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."

Enter new principal offices address, if applicable: 12025 SW 103rd Lane
(Principal office address MUST BE A STREET ADDRESS) DUNNELLON, FL 34433

Enter new mailing address, if applicable: 12025 SW 103rd Lane
(Mailing address MAY BE A POST OFFICE BOX) DUNNELLON, FL 34433

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: 7280 SW HIGHWAY 200

Enter Florida street address

OCALA, Florida 34476
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, 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>BEVERLY WALTERS</u>	<u>7936 W. WALDRON COURT</u>	<input type="checkbox"/> Add
		<u>DUNNELLON, FL 34433</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>SCOTT N. WALTERS</u>	<u>12025 SW 103rd LANE</u>	<input checked="" type="checkbox"/> Add
		<u>DUNNELLON, FL 34433</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

E. Effective date, if other than the date of filing: JANUARY 1, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1 - 5 -, 2015

x Beverly Walters

Signature of a member or authorized representative of a member

BEVERLY WALTERS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA