

Aug. 30. 2011 1:06PM

TRENAM KEMKER

Page 1 of 1

Division of Corporations

L10000/20610

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000214819 3)))



H110002148193ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRENAM KEMKER ST. PETE
Account Number : I20060000029
Phone : (727) 896-7171
Fax Number : (727) 820-0835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 30 PM 1:18

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: drkburrill2@tampabay.rr.com

RECEIVED
11 AUG 30 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOCTORS INJURY GROUP, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$30.00 |

A. LUNT
AUG 31 2011
EXAMINER

Aug. 30. 2011 1:06PM

TRENAM KEMKER

No. 0398 P. 2

((H11000214819 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctors Injury Group, 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:

Lori L. Ammons

Name of Person

Trenam Kemker

Firm/Company

200 Central Avenue, Suite 1600

Address

St. Petersburg, FL 33701

City/State and Zip Code

drkburrill2@tampabay.rr.com

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

2011 AUG 30 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Lori L. Ammons

Name of Person

at (727)

824-6205

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

((H11000214819 3)))

((H11000214819 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Doctors Injury Group, 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 11/19/2010 and assigned
Florida document number L10000120610.

This amendment is submitted to amend the following:

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

ZACHAL GROUP, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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

((H11000214819 3)))

Aug. 30. 2011 1:07PM TRENAM KEMKER

No. 0398 P. 4

08/30/2011 11:49 7273436277

((H11000214819 3)))

PAGE 15

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

MGRM = 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 |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated August 29, 2011


Signature of a member or authorized representative of a member

Kevin Burill

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

((H11000214819 3)))

2011 AUG 30 PM 12:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED