L11000043798

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
— (Bus	siness Entity Nan	ne)			
(Document Number)					
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SEGRETARY OF STATE

T. CLINE

OCT - 5 2011

EXAMINER



September 27, 2011

BRETT FISHER 601 CLEVELAND ST, SUITE 390 CLEARWATER, FL 33755

SUBJECT: DOCTORS LIVE, LLC Ref. Number: L11000043798

We have received your document for DOCTORS LIVE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 111A00022217



COVER LETTER

	egistration Sectivision of Corp					
SUBJECT	`:	Docto	ors Live LLC			
		Name of Limi	ted Liability Company			
The enclos	cd Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please retu	m all correspond	dence concerning this matter	to the following:			
			Brett Fisher			
			Name of Person			
			Firm/Company			
		601	Cleveland St, Ste 390			
			Clearwater, FL 33755			
		City/State and Zip Code				
		B-mail address: (i	@myprocreditgroup.com to be used for future annual report notificat	ion)	2011 C SECF	Waliot
For further	information con	cerning this matter, please c	all:		CT 4	William Co.
	Bro	ett Fisher	at (727) 417-435	3	₩ ₩ -	
	Name of I	Person	Area Code & Daytime T	elephone Number	2011 OCT 44 PH 1: 28 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	C
Enclosed is	a check for the	following amount:			A HO	
₽\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional co	f Status &	

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**

	Doctors Live LLC		
(Name of the Limite)	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I		04/12/2011	and assigned
Florida document numberL1100004	<u>3798 </u>		
This amendment is submitted to amend the fol	łowing:		
A. If amending name, <u>enter the new name (</u>	of the limited liability company her	<u>:e</u> :	
The new name must be distinguishable and end w	ith the words "Limited Liability Compa	my," the designation "l	LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		
	·		
Enter new mailing address, if applicable:			SE COL
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		_ & 8
			ARY SSE
B. If amending the registered agent and		our records, <u>enter (</u>	
registered agent and/or the new registered o	<u>ffice address here</u> :		STATE STATE
Name of New Registered Agent:	Brett Fisher		D (3)
New Registered Office Address:	601 Cleveland St, Ste 390		-
	En	ter Florida street add	iress
	Clearwater	, Florida	33755
	City		Zip Code

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 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office judgess, 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 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

Title Type of Action Name Address MGR Andre K. Sanders ☐ Add ☑ Remove 5922 9th Ave North St Petersburg, FL 33710 MGR Harold R. Evans 5122 31st Ave South DbA 🔲 Remove Gulfoort FL 33707 MGR James Nicholson 601 Cleveland St ✓ Add Ste 390 Remove Clearwater, FL 33755. ☐ Add Remove Remove ∏∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 27 Dated_ Signature of a member or authorized representative of a member **Brett Fisher** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00