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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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K.SALY EXAMINER JUN 12 2015

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		DOOR DOCTORS LLC		
SOBJECT	•	Name of Limit	ed Liability Company	
		Amendment and fee(s) are submodence concerning this matter to	-	
		ERIC SPRAYBERRY		
			Name of Person	
		THE OUTDOOR DOCTOR	RS LLC	
			Firm/Company	
		1609 DITTMER CIRCLE S	SE	
			Address	
		PALM BAY, FL 32909		
		OUTDOORDOCTORS@GN	City/State and Zip Code	
		_	be used for future annual report notific	cation)
For further	information c	oncerning this matter, please cal		
ERIC SPR	AYBERRY		321 604-5459 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fec	\$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**

FILED
2015 JUNI 1 PM 1:32

THE OUTDOOR DOCTORS LLC

(Name of the Limited Liability Company as it

	rida Limited Liability Company)	SEE, FLORID,
The Articles of Organization for this Limited Liability	y Company were filed on 05/31/2011	and assigned
Florida document number L11000063469	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	gistered office address on our records,	enter the name of the
		enter the name of the
registered agent and/or the new registered office a		enter the name of the
registered agent and/or the new registered office a	ddress here:	
registered agent and/or the new registered office a Name of New Registered Agent:	ddress here:	
	ddress here: Enter Florida street address	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		PALM BAY, FL 32905	■ Remove
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Filing Fee: \$25.00