

L120000014925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



300242248233

12/07/12--01006--019 **25.00

FILED
12 DEC -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doctor's Resolution 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:

Mona Heilman

Name of Person

Doctor's Resolution Group, LLC

Firm/Company

622 Bypass Drive Suite 200

Address

Clearwater, FL 33764

City/State and Zip Code

monah@clientlegalfunding.com

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

For further information concerning this matter, please call:

Mona Heilman

Name of Person

at (**727**) **614-9926**

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**

Doctor's Resolution 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 1/31/2012 and assigned
Florida document number L12000014925.

This amendment is submitted to amend the following:

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

Doctor's Resolution 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)

622 Bypass Drive

Suite 200

Clearwater, FL 33764

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

622 Bypass Drive

Suite 200

Clearwater, FL 33764

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TALLAHASSEE, FLORIDA

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:

Tim Carda

New Registered Office Address:

178 Bayside Drive

Enter Florida street address

Clearwater Beach

, Florida 33767

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas W. Carey, Esquire	622 Bypass Drive	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33764	
MGRM	Jodi Leisure	622 Bypass Drive	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33764	
			<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 _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00