L12000092601

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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C	ORPORATE	When	you need ACCESS to the world
•	INC.		East 6th Avenue. Tallahassee, Florida 32303 066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
			WALK IN
		PICK UP:	10-8-14
	CERTIFIED (COPY	
X	РНОТОСОР	Υ	
	CUS		
X	FILING		Amend
	Modern Di (CORPORATE NAME	AND DOCUMENT#)	
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SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration S Division of Co	rporations	^	,
SUBJECT: IVIOGE	ernDoctors, LL	ited Liability Company	
	Mane of Lin	med Classific Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
·	Lori A. Jack	son	
		Name of Person	
	Strong & Ha		
		Firm/Company	
	9350 South	150 East Ste 82	20
		Address	
	Sandy, UT	<u></u>	
	ljackson@strong	City/State and Zip Code	
		to be used for future annual report notif	leation)
For further information of	oncerning this matter, please co	ali:	•
Lori A. Jacl	kson	801,532-7	080
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ne 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

FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ModernDoctors, LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) lited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L12000092601	pany were filed on July 17, 2012 and assigned
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	I Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1900 W. Oakland Park Blvd
Principal office address MUST BE A STREET ADDRES	<u>sp</u> #5345
	Fort Lauderdale, FL 33310
Enter new mailing address, if applicable:	1900 W. Oakland Park Blvd.
(Mailing address MAY BE A POST OFFICE BOX)	#5345
	Ft. Lauderdale, FL 33310
registered agent and/or the new registered office address	ed office address on our records, enter the name of the hore: ate Access inc.
226 E 6	ith Avenue
New Registered Office Address: 250 E 6	Enter Florida street address
Tallaha	ssee, Florida 32303-6208
- Tallaria	City Zip Code
New Registered Agent's Signature, if changing Registered A	zent;

if Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

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

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 = M AMBR = A	Ianager Luthorized Member	
<u>Title</u>	Name	Address Type of Action
Mgr	INVUHoldings, LLC	500 Cummings Center, Suite 500
	•	Beverly, MA 01915
Mgr	KIC Management Group, Inc.	500 Cummings Center, Suite 500
		Beverly, MA 01915
		Add
·	•	
		Add
		Add □ Remove

tive date, if other than the date of filing:	. (optional)
tive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and te this document is filed by the Florida Department of State)	
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Filing Fee: \$25.00

