

L12000092601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

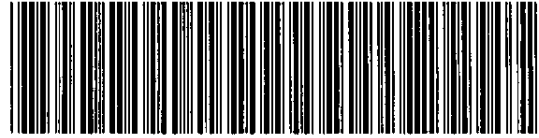
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/09/14--01001--012 **100.00

FILED
2014 OCT -8 PM 3:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2014 OCT -8 AM 10:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

N. Griffin 10/10/14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10-8-14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Amend _____

1. Modern Doctors LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ModernDoctors, 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 A. Jackson

Name of Person

Strong & Hanni

Firm/Company

9350 South 150 East Ste 820

Address

Sandy, UT 84070

City/State and Zip Code

ljackson@strongandhanni.com

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

For further information concerning this matter, please call:

Lori A. Jackson

Name of Person

at **(801) 532-7080**

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

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>INVUHoldings, LLC</u>	<u>500 Cummings Center, Suite 500</u>	<input type="checkbox"/> Add
		<u>Beverly, MA 01915</u>	<input checked="" type="checkbox"/> Remove

<u>Mgr</u>	<u>KIC Management Group, Inc.</u>	<u>500 Cummings Center, Suite 500</u>	<input checked="" type="checkbox"/> Add
		<u>Beverly, MA 01915</u>	<input type="checkbox"/> Remove

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

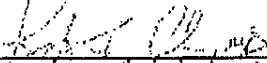
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 30, 2019.



Signature of a member or authorized representative of a member

Kingsley R. Chin, M.D.

Typed or printed name of signer

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TALLAHASSEE, FLORIDA