

L13000012778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

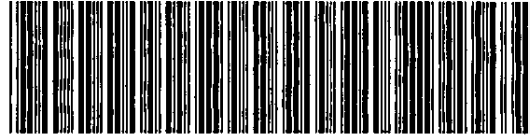
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

2013 MAY 29 PM 4: 20

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W13-29070

MAY 30 2013  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2013

TERRELL E YON, JR.  
2930 CRESCENT DRIVE  
TALLAHASSEE, FL 32301

SUBJECT: STT PHARMA, LLC  
Ref. Number: L13000012778

We have received your document for STT PHARMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 413A00012452

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DOC KITS, LLC (fka STT PHARMA, 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:

**TERRELL E YON, JR.**

Name of Person

**DOC KITS, LLC**

Firm/Company

**2930 CRESCENT DRIVE**

Address

**TALLAHASSEE, FL 32301**

City/State and Zip Code

**terryyon@comcast.net**

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

For further information concerning this matter, please call:

**Debra Merrill**

Name of Person

**850 556-2063**

Area Code & Daytime Telephone Number

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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**

STT PHARMA, 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 01/24/2013 and assigned  
Florida document number L13000012778.

This amendment is submitted to amend the following:

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

DOC KITS, 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)**

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2018 MAY 29 PM 4:20  
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**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: TERRELL E YON, JR.

New Registered Office Address: 2930 CRESCENT DRIVE  
*Enter Florida street address*

TALLAHASSEE, Florida 32301  
*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.*

*Terrell E. Yon Jr.*  
**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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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 CLERK OF SUPERIOR COURT

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

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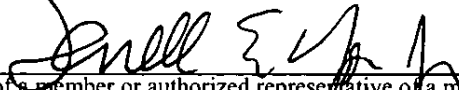
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Dated

5/28/13



Signature of a member or authorized representative of a member

TERRELL E. YON JR.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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STATE