

43000077303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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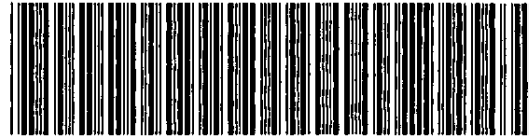
(Business Entity Name)

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JUN 13 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY DOCTOR'S OFFICE, 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:

MARSHA SIHA

(Name of Person)

INCFIL.COM LLC

(Firm/Company)

134 VINTAGE PARK BLVD A-50

(Address)

HOUSTON, TX 77070

(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA SIHA

(Name of Person)

at (888) 462-3453 X 701

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &
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(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 12 AM 11:12

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MY DOCTOR'S OFFICE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/28/2013 and assigned
document number L13000077303.

SECOND: This amendment is submitted to amend the following:

ARTICLE ONE SHOULD READ: MY DOCTORS' OFFICE, LLC

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TALLAHASSEE FLORIDA

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Dated JUNE 6, 2013.

Efrain Arroyave

Signature of a member or authorized representative of a member

EFRAIN ARROYAVE

Typed or printed name of signee

Filing Fee: \$25.00