L13000077303

(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:

Dr. Arrogave gave permission to correct document.
8/22

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/22/13

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** My Doctors' 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:

Robin Arroyave
Name of Person

DevelopMED, LLC
Firm/Company

9965 SW 125 Terr
Address

Miami, FL 33176
City/State and Zip Code

robinarroyave@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Efrain Arroyave, MD at (305) 252-7921
Name of Person — 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

FILED
13 JUL 25 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

My Doctors' Office, 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 May 28, 2013 and assigned Florida document number L13000077303.

This amendment is submitted to amend the following:

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

Exigent Med 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)***

9965 SW 125 Terr
Miami, FL 33176

**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: _____

New Registered Office Address: _____
*Enter Florida street address*

_____, **Florida** _____
*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.*

_____
**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add |
| | | | ☐ Remove |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated July 23, 2013.

Signature of a member or authorized representative of a member

Robin Arroyave

Typed or printed name of signee



**Filing Fee: ~~$25.00~~** $30.00