

L13000151164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

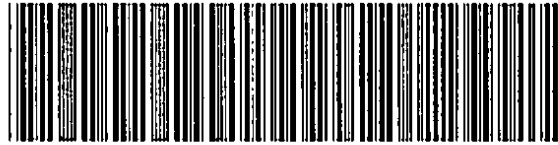
(Business Entity Name)

(Document Number)

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11/28/17--01025--010 **25.00

S. WARREN

NOV 30 2017

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2017 NOV 27 AM 11:53
17 NOV 27 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dr. Mary Nelle James, 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:

Dr. Mary Nelle Dotson
Name of Person

Firm/Company

625 Commerce Dr., Suite 102
Address

Lakeland, FL 33813
City/State and Zip Code

dr.marynelle@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Mary Nelle Dotson at (863) 660-0038
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Dr. Mary Nelle James, 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 10/28/2013 and assigned Florida document number L13000151164.

This amendment is submitted to amend the following:

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

Dr. Mary Nelle J. Dotson, LLC

The new name must be distinguishable and contain 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)

625 Commerce Drive

Suite 102

Lakeland, FL 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 Commerce Drive

Suite 102

Lakeland, FL 33813

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:

Dr. Mary Nelle Dotson

New Registered Office Address:

625 Commerce Dr., Suite 102

Enter Florida street address

Lakeland
City

Florida

33813

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 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 company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

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17 NOV 27 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Mary Nellie James	2305 Eden Pkwy	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mary Nellie Dotson	625 Commerce Dr.	<input checked="" type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		Lakeland, FL 33813	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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OCT 27 17
NOV 27 17
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STATE OF FLORIDA
TALLAHASSEE

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: 01/01/2018 11/21/2011 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated Nov 20, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
17 NOV 27 PM 1:45
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
ALLIANCE FLORIDA