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SECRETARY OF STATE

FILED

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COVER LETTER

Division of Cor				
DOCTOR- SUBJECT:	PANASONIC, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GENERA PIERRE			
		Name of Person		
		Firm/Company		
	4607 AGUILA PLACE			
		Address		
	ORLANDO, FL 32826			
		City/State and Zip Code		
	GENERA382@GMAIL.C		7 ₀ 2	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	100 Ag	T =
GENERA PIERRE		973 580-8636	-2 I	FILE
	of Person		Telephone Number FLORIBA	U
Enclosed is a check for the	_			
\$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

DOCTOR-PANASONIC, LLC		
(Name of the Limited	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 900260208019	bility Company were filed on MAY 19, 2014	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
DOCTOR GP PC TECH, LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	- The state of the
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> ice address here:	And the name of the new
		Ma III
Name of New Registered Agent:		
New Registered Office Address:		
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 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

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
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			□ Remove
			☐ Change
			☐ Add
	•		☐ Remove
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Effecti	ve date, if other than the date of filing: (optional)	
lf an eff <u>Note:</u>	ective 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cent's effective date on the Department of State's records.	07 (3) as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated	March 27. 2018.	
	\sim \sim \sim \sim \sim	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00