

L14,000134,181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015
Y SULKER

To whom it may concern;

I researched my company

DocuConnect & it showed "inactive"
on Sunbiz. I never dissolved

this company, we are up & running
well. I am submitting proper
paperwork, could you please help
me.

863-412-5962

Sincerely,

Tom 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Docs Connect, 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:

Pamela R. Glover
Name of Person

Docs Connect, LLC
Firm/Company

1101 N. Lake Destiny Drive Ste. 300
Address

Maitland, Florida 32751
City/State and Zip Code

Pam. Glover@snfpro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Glover at (863) 412-5962
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

**TO
ARTICLES OF ORGANIZATION
OF**

(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 8/27/2014 and assigned
Florida document number 214006134181

This amendment is submitted to amend the following:

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

DocsConnect 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)

1101 N. Lake Destiny Dr.
suite 300
Maitland, FL 32751

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:

Don Mathews

New Registered Office Address:

1850 Bay Scout Drive

Enter Florida street address

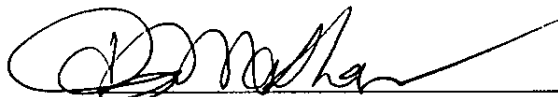
Font Myers, Florida 33919

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>LARRY JONES</u>	<u>1101 N. Lake Destiny Dr</u> <u>Suite 300</u> <u>Maitland, Fl. 32751</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>LARRY JONES</u>	<u>1101 N. Lake Destiny Dr</u> <u>Suite 300</u> <u>Maitland, Fl. 32751</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>BRYAN COLE</u>	<u>1101 N. Lake Destiny Dr</u> <u>Suite 300</u> <u>Maitland, Fl. 32751</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>PAMELA CLOVER</u>	<u>1101 N. Lake Destiny Dr</u> <u>Suite 300</u> <u>Maitland, Fl. 32751</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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15 OCT -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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)

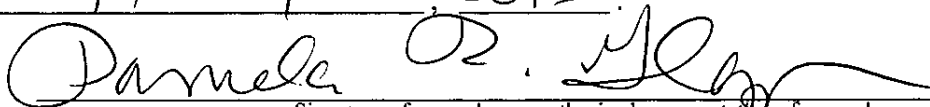
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

9/25/2015



Signature of a member or authorized representative of a member

Pamela R. Glover

Typed or printed name of signee