L14000183889

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200407307702

7037 (12h Jih 8: 39

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sel	1-Phone Cl	inic LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jav	venson Doc	_
		Name of Person	
		Sell-Phone Clinic	_
		Firm/Company	
	9017 E Adam	Address 103 Jampa, FT.	33619
	Tampa,	FL. 33619 City/State and Zip Code	-
			r <u>~;</u>
	SCUT hong E-mail address: (1	to be used for future annual report notification)	2090 Fr. 1
For further information co	oncerning this matter, please or	all:	7 2 27
Jay	Dov	at (813) Area Code Daytime Telephone Numbe	
Name of	l Person	Area Code Daytime Telephone Numbe	8:39
Enclosed is a check for th	e following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sell-Phone Clinic, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on \underline{I} Florida document number $\underline{LI4060183.889}$.	2 -01-14 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	. 3
	153
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	=======================================
	01 0
3. If amending the registered agent and/or registered office address on our	records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	orida street address
	Florida
City	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dor, Jahaira	4017 E Adamo Dr. Ste 103 FL 331	<u>5/9</u> □Add
			Remove
			Change
			□Add
			□Remove
			©Change
		···	☐ Change
			□Remove
			Tange
			🗆 Add
			Петюче
			□Change
			🗆 🗅 Add
			□Remove
			□Change
			□Add
			□Remove
			□ C'hapaa

										-
										_
			<u> </u>							_
										-
									 .	-
										_
										_
										-
		 							-	-
										_
										_
						<u></u>				-
								<u> </u>		-
										_
										-
					·					_
fective	e date, if other	rthan the c	late of fili	no: 04	- 20-	23	(or	otional)		
ar criccu	tive date is listed, the date inserte	die date masi	ix specific a	na camion be j	mor to date or i	ming or more u	han 90 days at	fter filing.) Pu		
	t's effective da					ory ming rec	junements, i	this date wit	и посос из	icu a
	medifies a delay	ed effective	date, but no	ot an effectiv	ve time, at 12:	01 a.m. on th	e earlier of:	(b) The 9	0th day afte	er the
									2-3	
is filed	l.	20		. 202	3			•	.~ં	
is filed		20		. 202	23				Alp	,
is filed	l.		V			what his was a	aa.h			•
is filed	l.		Signature of a	u member of a	unthorized repre		member	· 	T 18 Calle.	•

Filing Fee: \$25.00