

L15000169389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

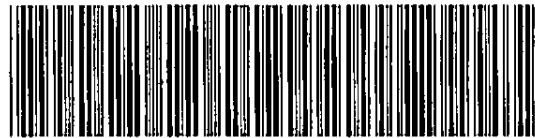
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800303045158

09/06/17--01003--02S **80.00

FILED

17 SEP -6 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctors House Calls of Florida, L.L.C.

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:

Adam David

Name of Person

Firm/Company

9879 Savona Winds Dr.

Address

Delray Beach, FL 33446

City/State and Zip Code

adam@dhemobile.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam David

561 445-0981
at ()

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**

Doctors House Calls of Florida

(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 10/05/2015 and assigned
Florida document number L15000169389

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Adam David

New Registered Office Address:

9879 Savona Winds Dr.

Enter Florida street address

Delray Beach

City

Florida

33446

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Michael Davret	16909 Bridge Crossing Circle	<input type="checkbox"/> Add
		Delray Beach, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Seth Levy	948 Patrick Dr.	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adam David	9879 Savona Winds Dr.	<input type="checkbox"/> Add
		Delray Beach, FL 33446	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 SEP -6 AM 10:08
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Adam David is amending his title to authorized member and becoming authorized agent.

Michael Davret is being removed and Seth Levy is added as an authorized member.

Michael's signature for approval is below.

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)

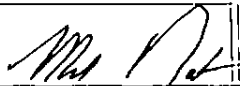
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/01/2017

12:01 a.m.



Signature of a member or authorized representative of a member

Michael Davret

Typed or printed name of signer

FILED
17 SEP -6 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA