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COVER LETTER

TO: Registration Section Division of Corporations	4
SUBJECT: My Virtual Doctor 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:	
Julie A. MEYErs Name of Person	
MEYERS ACCOUNTING INC.)
19916 Court of the Lions	15 80
BOCA RATON FL 33434 City/State and Zip Code	15 OCT 31 AM 7: 45
E-mail address: (to be used for future annual report notification)	7. 09.0
For further information concerning this matter, please call:	ن
Tulie Meyers at (561) 487-1900 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _L 1500017 650 7 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address Florida Citv

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 **Title Name Address Type of Action** MBR EVANCUE, Robert 5860 W. Sample Rd 203 - Add

COLAL Springs FL 33067 & Remove ☐ Change ☐ Add ☐ Remove Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add

☐ Remove

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Note: If th	ne date inserted in s effective date on	his block does	not meet the app	licable statutory	iling requirements, t	his date will not be lis	sted as th
	I specifies a de th day after th			not an effectiv	e time, at 12:01	a.m. on the earl	lier of:
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Filing Fee: \$25.00