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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:45

COVER LETTER

TO: Registration Section
Division of Corporations

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.
Firm/Company

19916 Court of the Lions
Address

Boca Raton FL 33434
City/State and Zip Code

juliemeyers+ax@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Julie 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 ☐ \$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

My Virtual Doctor LLC

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L1500017650.7

Page 1 of 3

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>
MBR	EVANCUE, Robert	5860 W. Sample Rd 203	<input type="checkbox"/> Add
		Coral Springs FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

16.001.31

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16 OCT 31 AM 7:45

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 October 26, 2016.

Signature of a member or authorized representative of a member

Adam Nadler

Typed or printed name of signee