

L16000060823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 OCT 16 AM 7:34
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TALLAHASSEE, FLORIDA

2017 OCT 16 AM 8:19

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Funding4Doctors, 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:

C. William Blackburn

Name of Person

Funding4Doctors LLC.

Firm/Company

8147 Copernicus Way Ste. 103

Address

Trinity, FL 34655

City/State and Zip Code

Bill@Funding4Doctors.com

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

For further information concerning this matter, please call:

C. William Blackburn

727

312-4400

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**

Funding4Doctors LLC.

(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 March 25, 2016 and assigned
Florida document number L16000060823.

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)

8147 Copernicus Way Ste. 103

Trinity, FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8147 Copernicus Way Ste. 103

Trinity, FL 34655

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:

8147 Copernicus Way Ste. 103

Enter Florida street address

Trinity

City

Florida

346

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>
Chairman <input checked="" type="checkbox"/>	Weadock, Raymond L	4010 Roelinata Palm CT	<input type="checkbox"/> Add
		Tampa, FL 33624	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Blackburn, C. William	1610 86th Court NW	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mitchell, Robert S.		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 16 AM 7:34

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17 OCT 16 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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

Dated October 12th, 2017.



Signature of a member or authorized representative of a member

Robert D. Marchant

Typed or printed name of signee