1/6000060823

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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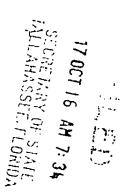


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COVER LETTER

Division of Co			
Funding41	Doctors, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	C. William Blackburn		
	<u> </u>	Name of Person	
	Funding4Doctors LLC.		
		Firm/Company	
	8147 Copernicus Way Ste.	. 103	
		Address	
	Trinity, FL 34655		
	<u></u>	City/State and Zip Code	
	Bill@Funding4Doctors.com		
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report notifi all:	cation)
C. William Blackburn		727 312-4400	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following annount:		
□ \$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 Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	rds.)	
ne Articles of Organization for this Limited L orida document number L16000060823	iability Company	were filed on March 25, 2010	and assigned	
nis amendment is submitted to amend the foll	owing:			
. If amending name, enter the new name o	f the limited liab	ility company here:		
ne new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
nter new principal offices address, if applic	cable:			
Principal office address MUST BE A STREI	ET <u>ADDRESS)</u>	8147 Copernicus Way Ste. 103		
		Trinity, FL 34655		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	8147 Copernicus Way Ste. I	103	
		Trinity, FL 34655		
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	/or registered o	ffice address on our recor	rds, enter the CALLARASS	
Many Danistonnal Officer Addresses	8147 Copernic	us Way Ste. 103		
New Registered Office Address:	8147 Copernic	us Way Ste. 103 Enter Florida sweet add	ress 5 5 7 16	
New Registered Office Address:	8147 Copernic	Enter Florida street add	ress 50 50 Florida 346 50 60	

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>	Name	<u>Address</u>	Type of Action
Chairmar	Weadock, Raymond L	4010 Roclinata Palm CT	
	-	Tampa, FL 33624	🗀 Remove
			■ Change
CFO	Błackburn, C. William	1610 86th Court NW	
		Bradenton, FL 34209	☐ Remove
			☐ Change
MGR	Mitchell, Robert S.		
			■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
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Note: If the date i	other than the date of listed, the date must be spec- inserted in this block does ive date on the Departme	s not meet the appl	licable statutory fil	ng requirements, th	is date will not be listed.
	ifies a delayed effect after the record is f		not an effective	time, at 12:01	a.m. on the earlier
Dated	elec 12h	201	7		
	Ket	W	thorized representati		

Page 3 of 3

Filing Fee: \$25.00