## L16000148004

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## **COVER LETTER**

Di	ivision of Cor	ction porations	
SUBJECT		ORAL, LLC	
oogner	· , ×	Name of Limi	ited Liability Company
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		George E. Mueller, Jr.	
		MDG of Doral, LLC	Name of Person
			Firm/Company
400 Columbia Drive, Suite 105  Address  West Palm Beach, FL 33409		105	
		gmueller@ muellerdg.com	City/State and Zip Code
		E-mail address: (1	to be used for future annual report notification)
For further	r information c	oncerning this matter, please ca	all:
George E.	Mueller, Jr.		561 249-3860
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is	s a check for th	ne following amount:	
\$25,00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, 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

MDG of DORAL, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 08/08/2016	and assigned
Florida document number £.16000148004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MDG of MEMPHIS, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	<u> </u>
		最 图 卫
Enter new mailing address, if applicable:		2 N
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	-
		6: 08 
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the ne
registered agent and write new registered write add	it cas nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	•
	, FI	orida
	City	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>	Address	Type of Action
		<del>-</del>	
			Remove
		<del></del>	Change
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			Change
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			Add
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		Remove	
			Change
			Add
			Remove
			☐ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	01/30/2019
Note:	ive date, if other than the date of filing:
(f the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  90th day after the record is filed.
Dated	January 30
	Menature of a member or authorized representative of a member
	George E. Mueller, Jr.

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Typed or printed name of signee

Filing Fee: \$25.00