

U600021740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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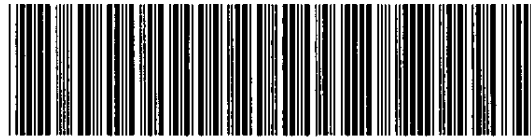
(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Doctors Orders PLLC

Signature \_\_\_\_\_

Requested by: Seth

02/06/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ ✓ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT**

**TO**

**ARTICLES OF ORGANIZATION**

**OF**

**DOCTORS ORDERS PLLC**

The Articles of Organization for this Limited Liability Company were filed on December 1, 2016 and assigned Florida document number L16000217740.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

**DOCTORS ORDERS LLC**

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 - N/A

New Registered Office Address: - N/A

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>
MGR/AMBR	Carrie Speier	608 W. Horatio St. Tampa, FL 33606	Delete
MGR/AMBR	Atria PLLC	608 W. Horatio St. Tampa, FL 33606	Add
AMBR	Statewide Patients, LLC	3079 S Baldwin Rd, 192 Lake Orion, MI 48359	Add
AMBR	Florida Patient State Holdings, LLC	10435 N. Scottsdale Rd Scottsdale, AZ 85253	Add

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AMBR Compassionate Patients Florida LLC 31400 N. Western Hwy, Suite H  
Farmington Hills, MI 48334

Add

D. If amending any other information, enter changes here: N/A

E. Effective date other than the filing date: N/A

Dated: January 18, 2017.

*Cherie Spier*

Signature of a member or an authorized representative of a member

Cherie Spier

Typed or printed name of signee

Filing Fee: \$25.00

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