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#### **COVER LETTER**

	Registration Sec Division of Corp		
ann an a	Tech Doctor	or LLC	
SUBJEC	:T:	Name of Limited Liability Company	
The encle	osed Articles of A	Amendment and fee(s) are submitted for filing.	
Please re	turn all correspor	ondence concerning this matter to the following:	
		Brittani D Wilson	
		Name of Person	
		Tech Doctor LLC	
		Firm/Company	
		601 W Peniel Rd.	
		Address	<del></del>
		Palatka, Florida, 32177	
		City/State and Zip Code	<del> </del>
		brittani,wilson94@gmail.com	
		E-mail address: (to be used for future annual report notification	nn)
For furth	er information co	concerning this matter, please call:	
Brittani V	Wilson	386 983-1118	
	Name of	of Person Area Code Daytime Tele	ephone Number
Enclosed	is a check for th	he following amount:	
□ \$25.0	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

Tech Doctor LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000007397		and assigned
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
Principal office address MUST BE A STREET AL	ODRESS)	
		······
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	<del></del>
	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
MGR	Brittani D Wilson	601 W Peniel Rd.	■ Add
		Palatka, FL, 32177	Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			□ Remove
		□ Change	
			□ Remove
		<del></del>	Change
<del></del>			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change.

Dated		2018				
e record specifies a delaye The 90th day after the re		te, but not a	n effective tir	ne, at 12:01 a.	m. on the earlie	er o
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Effective date, if other than the fan effective date is listed, the date in	ust be specific and ca	nnot be prior to c	ate of filing or mor	(option e than 90 days after fi	ling.) Pursuant to 605.	.0207
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Typed or printed name of signee

Filing Fee: \$25.00

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tech Doctor LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L18000007397	Company were filed on January, 09,2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
•	RESS)
	* ASS
Enter new mailing address, if applicable:	
Florida document number  L1800007397  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
	<u></u> පු <u>වී</u>
	` ` <b>`</b>
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the s dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street oddress
	Ing:    Company were filed on   January, 09,2018   and assigned

## 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Brittani D Wilson		601 W Peniel Rd.	■ Add
		Palatka, FL, 32177	☐ Remove
			Change
			Add
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he record sp The 90th	pecifies a del day after the	ayed effective record is file	ve date, bu led.	t not an ef	fective time	e, at 12:01 a	a.m. on the	eartier	of
January Dated	/ 11		2018						
		Signature	of a member or	authorized reg	resentative of a	member			
		-							

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Filing Fee: \$25.00