# L18000037776

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### **COVER LETTER**

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SUBJECT	HALOMD	, LLC		
SOBJECT		Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Brian Ward		
			Name of Person	<del></del>
		HALOMD, LLC		
			Firm/Company	<del></del>
		4636 Bit & Spur Road, Su	ite A	
			Address	
		Mobile, Alabama 36608		
			City/State and Zip Code	
		ksimmons@ksimmonscpa.c		
			to be used for future annual report no	Effication)
For further	information co	oncerning this matter, please ca	all:	
Amanda S	anders		251 6621235	
	Name of	Person	Area Code Day	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is excissed)	■ \$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

## TO ARTICLES OF ORGANIZATION OF

HALOMD, LLC

(A Florida Limited L	ay as it now appears on our records.  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000037776	were filed on 02/12/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending mame. enter the new name of the limited liab	ility company here:	
HaloDoc, LLC		
The new name must be dischemshable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address: MUST BE A STREET ADDRESS)	Halo Doc, LLC 13 Palafox Place Pensecola, FL 32	502
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Halo Doc, LLC 13 Palatox Place Persacola, FL 32	502
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	18 MAR - 1 AM 3
	City $\overline{\overline{G}}^{j}$	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

or removed	from our records:	5-, <del></del>	
MGR = M $AMBR = A$	lanager Authorized Member		
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Brian Ward		,			
	Brian Ward				

Page 3 of 3

Filing Fee: \$25.00

### TO ARTICLES OF ORGANIZATION OF

HALOMD, 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 02/12/2018 and assigned Florida document number 118000037776 This amendment is submitted to amend the following: A. If amending mame, enter the new name of the limited liability company here: HaloDoc, LLC The new name must be discharge 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) B. If amending the resistered 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 Essistered Agent:

#### New Registered Agent's Signature, if changing Registered Agent:

New Remistered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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