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PICK-UP	☐ WAIT	MAIL
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(Lo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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08/08/19--01012--018 **25.00



Amend

AUG 1 3 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOC PROCESSING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamie Smith Name of Person
DOC Processing LLC
1010 S Ocean Blvd. # 1006
Pompano Beach FL 33062 City/State and Zip Code
Jamie Smithmis & aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tambe Smith at (954) 675 1198 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, 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



July 31, 2019

DOC PROCESSING LLC 12112 NW 15TH CT CORAL SPRINGS, FL 33071

SUBJECT: DOC PROCESSING LLC

Ref. Number: L19000178294

We have received your document for DOC PROCESSING LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00015680

Yasemin Y Sulker Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 Co	Plan Plan			
Florida document number <u>L 19000177294</u>	- ;			
This amendment is submitted to amend the following:	j.			
A. If amending name, enter the new name of the limit	red liability company here:			
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	ESSI 10/0 S. Ocean Blvd. Brown Beach, FL 33062			
(Principal office address MUST BE A STREET ADDRE	$\frac{41006}{2}$			
	Hompani Deach FL 33062			
Enter new mailing address, if applicable:	1010 S. Ocean Blvd #1006 Pompano Beach F(33062			
(Mailing address MAY BE A POST OFFICE BOX)	±/w6			
	Pompano Beach, 81 33062			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the nev			
Name of New Registered Agent:	Nicole Rosso			
New Registered Office Address: 101	OS. Ocean Blvd #1006 Enter Florida street addless			
Pon	npano Beach, Florida 33062 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 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
			☐ Remove
			Change
		···	
			☐ Remove
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			□ Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effecti Note: If i	date, if other than the date of filing:
nı Ingui	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	8/5/2019
	3/5/2019 Acade Rosso Signature of a member or authorized representative of a member
	Micole Rosso Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00