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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

GARNET SUBJECT:	CAPITAL LLC					
SUBJECT:	Name of Lim	nited Liability Company	 			
	Amendment and fee(s) are sub	-				
	FEKEL ALTIMEAUX JR	·				
		Name of Person				
	OFFER DOCTORS LLC					
		Firm/Company				
	1317 EDGEWATER DR	#1100				
		Address	15.3			
	ORLANDO, FL 32804		20 APV 24			
		City/State and Zip Code	~ ~	3		
	fekela@outlook.com					
For firsther information		to be used for future annual report noti		<u>.</u>		
ror further information	concerning this matter, please c	an.		ؠ		
FEKEL ALTIMEAUX JR		941 681.0551 at ()				
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	the following amount:					
■ \$25.00 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 Addre		Street Address:	ction			
Registration Division of 0		Registration Section Division of Corporations				
P.O. Box 632	•	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARNET CAPITAL 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 SEPTEMBER 11, 2019 Florida document number _ L19000230070 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OFFER DOCTORS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1317 EDGEWATER DR Enter new principal offices address, if applicable: Suite 1100 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32804 1317 EDGEWATER DR Enter new mailing address, if applicable: Suite 1100 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32804 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: 1317 New Registered Office Address: **ORLANDO**

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.

City

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
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			□Remove
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n effect i <mark>te:</mark> If	e date, if other the tive date is listed, the the date inserted in it's effective date of	date must be specific this block does n	e and cannot be protot meet the app	plicable statutory	g or more than 90 of filing requirem	(optional) days after filing.) P ents, this date wi	ursuant to 605.0207 Il not be listed as
ecord s is filed	specifies a delayed (effective date, but	not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 9	Oth day after the
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		Signature of	of a member or a	uthorized represen	tative of a membe	r	

Filing Fee: \$25.00