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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		*	· <b>A</b>
SUBJECT: A V	Doctors Name of Lim	LLC ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	David D	Name of Person		
	AU Docto	Firm/Company	<del></del>	<b>5</b> )
	4133 SW	Spickler S	١.	<b>22</b> SEP 16
	Port St.	Lucie, FL 3L City/State and Zip Code	1953	6 AM 10: 00
	audoctorsfl E-mail address: (	e 9mail. com	ification)	): 00
For further information c	oncerning this matter, please ca	all;		
David Du Name o	nlap		- 3904 ne Telephone Number	-
Enclosed is a check for th	ne 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 Fe Certificate of \$1 Certified Copy (additional copy is o	tatus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc		
Division of C	orporations	Division of Co The Centre of		
P.O. Box 632 Tallahassee, 1			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV Doctors,	LLC.	_
(Name of the Limited Liability Compa (A Florida Limited I	i <u>ny as it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/23/2020 and	assigned
Florida document number <u>L2000087371</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	ı"L.L.C."
Enter new principal offices address, if applicable:	8017 S. US 1	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie, FL 31	1952
Enter new mailing address, if applicable:		ZVISIUN 22 SEP
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the	new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	City Zip Co	×1e
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>	Name	Address	Type of Action
AMBR	Guerry Parfait	282 Sw Kestor Dr.	🗆 Add
		Port St. Lucie, FL 34953	Remove
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			□Add
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			□Change 22 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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an effective date  ote: If the date ocument's effe	is listed, the date must be te inserted in this block	te of filing: specific and cannot does not meet th rtment of State's	t be prior to date o e applicable stat records.	of filing or more the tutory filing requ	an 90 days after fil- uirements, this d	ing.) Pursuant to 603 ate will not be list	ted as
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Filing Fee: \$25.00