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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

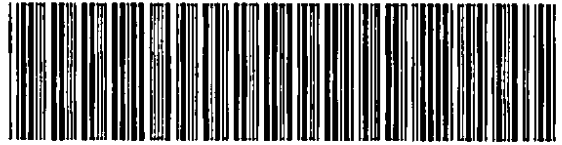
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*[Signature]*



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09/16/22--01015--014 \*\*25.00

22 SEP 16 AM 10:00  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AV Doctors, 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:

David Dunlap  
Name of Person

AV Doctors, LLC  
Firm/Company

4133 SW Spickler St.  
Address

Port St. Lucie, FL 34953  
City/State and Zip Code

avdoctorsfl@gmail.com  
E-mail address: (to be used for future annual report notification)

22 SEP 16 AM 10:00  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

For further information concerning this matter, please call:

David Dunlap at ( 772 ) 985-3904  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

AV Doctors, LLC.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Guerry Parfait	282 sw Kestor Dr.	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 SEP 16 AM 10:00  
DIVISION OF REE CHARGE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

22 SEP 16 AM 10:00

DIVISION OF CONSUMER AFFAIRS

F. Effective date, if other than the date of filing: 8/31/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 8, 2022

Signature of a member or authorized representative of a member

Dennis C. Donahue

Typed or printed name of signee