

Division of Corporations

Page 1 of 2

L20000104120

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000271155 3)))



H200002711553ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & ARNS, LLP.
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D TODD GRIFFITH MD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SILKER
AUG 11 2020

((H20000271155 3)))
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D Todd Griffith MD 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:

Daniel Todd Griffith, M.D.

Name of Person

D Todd Griffith MD LLC d/b/a Bay Area Suboxone

Firm/Company

2701 West Busch Boulevard, Suite 144

Address

Tampa, Florida 33618

City/State and Zip Code

danielgriffith5025@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel O. Chase

727

330-3665

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

((H20000271155 3)))

(((H20000271155 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D Todd Griffith MD 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 April 15, 2020 and assigned
Florida document number L20000104120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2701 West Busch Boulevard

Suite 144

Tampa, Florida 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2701 West Busch Boulevard

Suite 144

Tampa, Florida 33618

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:

New Registered Office Address:

2701 West Busch Boulevard, Suite 144

Enter Florida street address

Tampa

City

Florida 33618

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

(((H20000271155 3)))

(((H20000271155,3)))
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>
MGR	Daniel Todd Griffith, M.D.	2701 West Busch Boulevard	<input type="checkbox"/> Add
		Suite 144	<input type="checkbox"/> Remove
		Tampa, Florida 33618	<input checked="" type="checkbox"/> Change
MGR	Michael P Hammer	5004 E Fowler Ave C113	<input type="checkbox"/> Add
		Tampa, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H20000271155 3)))

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

E. Effective date, if other than the date of filing: _____ (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 August 10, 2020

D. Todd Huppert, MD
Signature of a member or authorized representative

Signature of a member or authorized representative of a member:

Daniel Todd Griffith, M.D., Manager

Typed or printed name of signer

Filing Fee: \$25.00

((H20000271155 3))