

L20 000104120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

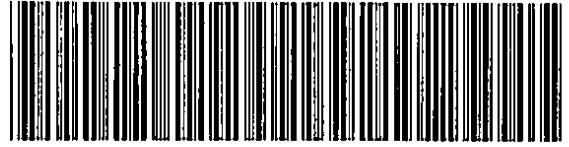
(Business Entity Name)

(Document Number)

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08/05/20--01024--007 **25.00

CLERK OF SUPERIOR COURT
COUNTY OF COCONINO
ARIZONA (FL000000)

2020 AUG -5 AM 7:14

FILED

SEP 23 2020
S. YOUNG

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 Griffith MD

Name of Person

D Todd Griffith MD LLC

Firm/Company

2701 W Busch Blvd Suite 144

Address

Tampa, FL 33618

City/State and Zip Code

info@bayareasuboxone.com

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

For further information concerning this matter, please call:

Daniel Griffith

813

4525000

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

**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 04/15/2020 and assigned
Florida document number 120000104120

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 "LLC."

Enter new principal offices address, if applicable:

2701 W Busch Blvd Suite 144

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33618

Enter new mailing address, if applicable:

2701 W Busch Blvd Suite 144

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 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:

Daniel T Griffith

New Registered Office Address:

2701 W Busch Blvd Suite 144

Enter Florida street address

Tampa

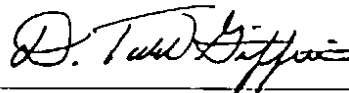
City

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

FILED
2020 AUG -5 AM 7:14
CLERK OF COUNTY OF HILLSBORO
FLORIDA

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 T Griffith	2701 W Busch Blvd Suite 144	<input type="checkbox"/> Add
		Tampa, FL 33618	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michael Hammer		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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.


Signature of a member or authorized representative of a member

Filing Fee: \$25.00