# L2000119427

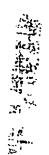
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



900350824539

08/21/20 --01015---006 \*\*25.00



2020 AUG 21 PM 2: 03 FT 21 EU

J

C. GOLDEN AUG 2 4 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

- <u>-</u>		
Home Doctor Netwo	ork, LLC	
	······································	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: Seth		UCC 1 or 3 File
<del></del>		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	

#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC		tor Network		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			Michael P Bagby	
			Name of Person	<del></del>
			Home Doctor Network, LLC	
			Firm/Company	
			5260 78th Ave Unit 1562	
			Address	
			Pinellas Park, FL 33780	
			City/State and Zip Code	
		_	m@homedoctornetwork.org	
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Micha	el P Bagby		727 415.2308	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
<b>E</b> \$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

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and or Miles Ele

	Home Doctor Network, LLC	•	**
(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited L Florida document number	iability Company were filed on	05/04/2020	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	ere:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and		our records, enter	the name of the ne
egistered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:	Michael P Bagby		
New Registered Office Address:	5260 78th Ave N Unit 1562		
	Enter Flor	ida street address	
	Pinellas Park	, Florida	3780
	City		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.

Michael Bagby
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael P Bagby	5260 78th Ave N	
		Unit 1562	
		Pinellas Park, FL 33780	☐ Change
AMBR	Empire Leads, Inc	14611 Southern Blvd	
		Suite 638	Remove
		Loxahatchee, FL 33470	■ Change
AMBR	R&D Capital Management, LLC	5582 Wellesley Park Drive	□ A.d.d
		#103	☐ Remove
		Boca Raton, FL 33433	☐ Change
			Remove
			Change
			□ Remove
			☐ Change
	<del></del>		Add
		<del></del>	□ Remove
			☐ Change

-	
·	
E. Effective date, if other than the	e date of filing: August 10, 2020 (optional)
Note: If the date inserted in this bl document's effective date on the D	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
If the record specifies a delayed (b) The 90th day after the rec	d effective date, but not an effective time, at $12:01\ a.m.$ on the earlier cord is filed.
Dated August 20	2020
	Michael Bagby Signature of a member or authorized refresentative of a member

Page 3 of 3

Filing Fee: \$25.00