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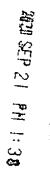
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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C. GOLDEN SEP 22 2020

CAPITAL CONNECTION, INC.

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

HOME DOCTOR NE	TWORK. LI			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			_ 	Fictitious Name File
		i		Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			<u> </u>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
		;		Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	 -			Fictitious Owner Search
<i>g</i>			<u> </u>	Vehicle Search
				Driving Record
Requested by: Seth	00/21/20			UCC 1 or 3 File
Name	$\frac{09/21/20}{2}$			UCC 11 Search
Natific	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:				
SHRIE				
SUDJE	CI		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Michael Bagby		
			Name of Person	
		Home Doctor Network		
			Firm/Company	
		Name of Person Home Doctor Network Firm/Company 5260 78th Ave N 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 notification) formation concerning this matter, please call: Dy at (727 / Area Code) Name of Person Daytime Telephone Number		
			Address	
		Pinellas Park, FL 33780		
			City/State and Zip Code	
		-	=	
		E-mail address: (to be used for future annual report notif	fication)
For furt	her information co	oncerning this matter, please ca	all:	
Michae	l Bagby		727 415.2308 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$ 25	.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

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

23 / 1 : 9: ng Home Doctor Network, 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 05/04/2020 ____ and assigned Florida document number ___L20000119427 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AMBR	R&D Capital Management	5582 Wellesley Park Drive	
		#103	
		Boca Raton, FL 33433	Remove □ Change
AMBR	Michael Bagby	5260 78th Ave N	5
		Unit 1562	
		Pinellas Park, FL 33780	
			
			□ Remove
			Change
			Remove
		-	Change
			
			□ Remove
			Change
			🗖 Add
			Remove

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	00/10/2020		
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of t k does not meet the applicable statut	(optional) filing or more than 90 days after filing.) Pursuant to 605 tory filing requirements, this date will not be list	5.0207 (3 led as th
he record specifies a delayed of The 90th day after the recor		ective time, at 12:01 a.m. on the earli	er of:
Dated September 18	2020		
	Michael Bagby	<u></u>	
s	Michael Bagby	esentative of a member	

Page 3 of 3

Filing Fee: \$25.00