

L20 000145 597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

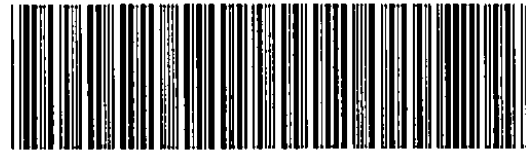
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900346844329

06 26/00--01009--013 44

2020 JUN 26 PM 2:39
TALLAHASSEE, FLORIDA

US
8/6/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIJUANA DOC LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Lindsay
Name of Person

Marijuana Doc LLC
Firm/Company

112 Devon Dr
Address

Clearwater Beach FL
City/State and Zip Code

clindsay1917@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
2020 JUN 26 PM 2:39
TALLAHASSEE, FL 32303
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Christina Lindsay at (312) 961-4868
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

MARIJUANA DOC 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 05/28/2020 and as
Florida document number L20000145597.

This amendment is submitted to amend the following:

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

WEST FLORIDA MEDICAL CONSULTING LLC

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

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cl

2020 JUN 26 PM 2:39
STATE
FALL RIVER, FLORIDA

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

2020 JUN 26 PM 2:39
TEL: 408-333-1100
FAX: 408-333-1101
WWW: www.tel.com

E. Effective date, if other than the date of filing: 6/24/20 (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 61

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li 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 June 23, 2020

Christina J Sunday

Signature of a member or authorized representative of a member

Christina J. Lindsay
Typed or printed name

Typed or printed name(s) _____

Filing Fee: \$25.00