

L20000 205834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

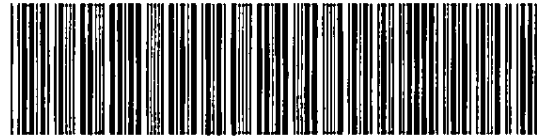
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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2020 OCT 26 PM 3:59

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10/27/20

TO: Registration Section  
Division of Corporations

MY DOCTRORS LIVE NETWORK, LLC

SUBJECT: \_\_\_\_\_  
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:

Rossiter, Stephen P.

\_\_\_\_\_  
Name of Person  
My Doctrors Live Network, LLC  
\_\_\_\_\_  
Firm/Company  
170 Fitzgerald Rd, Suite 1  
\_\_\_\_\_  
Address  
Lakeland, FL 33813  
\_\_\_\_\_  
City/State and Zip Code  
srossiter@me.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rossiter, Stephen P.

813 754-7777

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**

MY DOCTORS LIVE 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 07/15/2020 and assigned  
Florida document number L20000205834

This amendment is submitted to amend the following:

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

MY DOCTORS LIVE NETWORK, LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3474

PLANT CITY, FL 33563

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CLERK OF DISTRICT  
CLERK OF DISTRICT  
CLERK OF DISTRICT

**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*

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**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OLLIVIERRE-AGARD, RACHAEL V.	170 Fitzgerald Road, Suite 1 Lakeland, FL 33813	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ROSSITER, STEPHEN	P.O. BOX 3474 PLANT CITY, FL 33563	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CUMMARO, JAMES	P.O. BOX 3474 PLANT CITY, FL 33563	<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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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2020 OCT 26 PM 3:59  
STATE OF FLORIDA  
CLERK OF THE SUPREME COURT  
TALLAHASSEE, FL

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2020 OCT 26 PM 3:59  
CLERK OF DISTRICT COURT  
JASPER, IN

FILED  
2020 OCT 26 PM 3:59  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT  
MISSISSIPPI

(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.

Dated 10/10/2020, 2020.

  
Signature of a member or authorized representative of a member

ROSSITER, STEPHEN P.

Typed or printed name of signee