

h20 000 205 834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

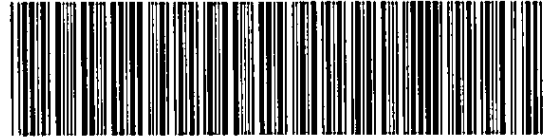
(Business Entity Name)

(Document Number)

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2022 OCT -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY DOCTORS LIVE NETWORK, 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:

RACHAEL OLLIVIERRE-AGARD

Name of Person

INSTADOC NETWORK, Formerly My Doctors Live Network, LLC

Firm/Company

210 N Missouri Ave, Unit 809

Address

Lakeland, Florida 33815

City/State and Zip Code

Ollrac@gmail.com

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

For further information concerning this matter, please call:

Rachael Ollivierre-Agard, MD

478

718-8329

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT -5 PM 2:48

August 15, 2022

RACHAEL OLLIVIERE-AGARD
210 N MISSOURI AVE
UNIT 809
LAKELAND, FL 33815

SUBJECT: MY DOCTORS LIVE NETWORK, LLC
Ref. Number: L20000205834

We have received your document for MY DOCTORS LIVE NETWORK, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Part A just list the new name. Remove reference to original name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 022A00018169

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL

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 7/15/2020 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:

INSTADOC NETWORK, LLC

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)

210 N Missouri Ave

Unit 809

Lakeland, Florida 33815

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 809

Lakeland, Florida 33802

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:

Rachael Ollivierre-Agard

New Registered Office Address:

210 N Missouri Ave, Unit 809

Enter Florida street address

Lakeland

City

Florida 33815

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.

Rachael Ollivierre Agard

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>	<u>Type of Action</u>
MGR	OLLIVIERRE-AGARD, RACHAEL	1040 LeWallen Cemetary Road	<input type="checkbox"/> Add
		Sunbright, TN 37872	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AGARD, DANE	1040 LeWallen Cemetary Road	<input checked="" type="checkbox"/> Add
		Sunbright, TN 37872	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSSITER, STEPHEN	PO BOX 3474	<input type="checkbox"/> Add
		PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CUMMARO, JAMES	PO BOX 3474	<input type="checkbox"/> Add
		PLANT CITY, FL 33563	<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

2022 OCT -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 OCT -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Rachael Ollivierre Agard
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00