

121 0000 95227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

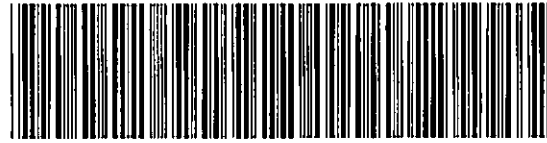
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2021 OCT 21 PM 11:13
REGISTRY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

The Project Doctor 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:

Francisco A Gomez

Name of Person

The Project Doctor LLC

Firm/Company

598 SW Prado Ave

Address

Port St. Lucie, Fl. 34983

City/State and Zip Code

theprojectdoctor92@yahoo.com

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

For further information concerning this matter, please call:

Francisco A Gomez 561 248-0024

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 & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified
Copy Certificate of Status &

(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

Mailing Address: Street Address:

Registration Section Registration Section

Division of Corporations Division of Corporations P.O. Box 6327 The Centre of
Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL
32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

The Project Doctor LLC

2021 OCT 21 PM 4:13

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/26/2021

The Articles of Organization for this Limited Liability Company were filed on and assigned L21000095227 Florida document number .

This amendment is submitted to amend the following:

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

N/A

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) *(Mailing address MAY BE A POST OFFICE BOX)*

4434 Theresa Ct Lot 209
Lake Worth, Fl. 33463

4434 Theresa Ct Lot 209

Enter new mailing address, if applicable: Lake Worth, Fl. 33463

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:

N/A

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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action

AMBR Francisco A Gomez 4434 Theresa Ct Lot 209 Lake
Worth, Fl. 33463

Remove Change Add

Add

Remove Change Add

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Remove Change Add


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

E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to the date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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.

September 22 2021

Dated .

A handwritten signature in black ink, appearing to read 'Francisco A Gomez', written in a cursive style.

Signature of a member or authorized representative of a member

Francisco A Gomez

Typed or printed name of signee **Filing Fee: \$25.00**