## L21000103877

(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
	T.E. N.	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}
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~ / JOJ,

## **COVER LETTER**

	egistration Sec ivision of Corp			
ellb le <i>c</i> a		Visits and DOT LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspo	ndence concerning this matter	to the following:	
		Monica Buie		
			Name of Person	
		Mobile Med Visits and DO	T LLC	
			Firm/Company	
		1101 Durant Rd		
			Address	
		Brandon, FL		
			City/State and Zip Code	
		monbuie031@gmail.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (i	to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please ca	all:	
Monica B	uic		305 773-7009 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Med Visits and DOT LLC		
. ( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our recordited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/3/21	and assigned
Florida document number L21000103877	<del> </del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Mobile Quick Care and DOT LLC		
The new name must be distinguishable and contain the words "Limited L	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)		21,
		S T
		20
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter</u>	the name of the new registere
ngent and/or the new registered office address here:		
		9:06 9:06
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Flo	orida
	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 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>	Type of Action
			□Remove
			Change
			□ Λdd
			□ Remove
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