

K21000107055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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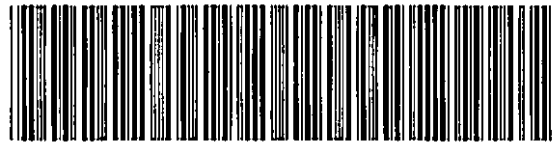
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT - 4 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 JUL -5 PM 3:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doccab Worx, 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:

Cheryl-Ann Henry, Ph.D.

Name of Person

Doccab Worx, LLC

Firm/Company

3501 Van Buren Street, #10

Address

Hollywood, FL, 33021

City/State and Zip Code

dcahenry@gmail.com

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

For further information concerning this matter, please call:

Cheryl-Ann Henry, Ph.D. 954 417-5745

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

Doccah Worx, 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 03/02/2021 and assigned
Florida document number L21000107058.

This amendment is submitted to amend the following:

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

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)

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 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

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>
CEO/Pres	C.A. Henry	2630 W. Broward Blvd.	<input type="checkbox"/> Add
		Suite 203-1933	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL. 33312-1314	<input type="checkbox"/> Change
Director/?	T. Ray Campbell	2360 W. Broward Blvd.	<input type="checkbox"/> Add
		Suite 203-1933	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL. 33312-1314	<input type="checkbox"/> Change
Director	C. Gordon	2360 W. Broward Blvd.	<input type="checkbox"/> Add
		Suite 203-1933	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL. 33312-1314	<input type="checkbox"/> Change
CEO/Pres	Cheryl-Ann Henry	2360 W. Broward Blvd.	<input checked="" type="checkbox"/> Add
		Suite 203-1933	<input type="checkbox"/> Remove
		Fort Lauderdale, FL. 33312-1314	<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

22 JUL -5 PM 3:25

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(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.

Costa

C.A. Henry

Filing Fee: \$25.00