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COVER LETTER

FO: Registration Sect Division of Corpo				
Top Doc Clin	ics, LLC			
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
	lence concerning this matter to			
	Albert Meyer			
		Name of Person		
	Law Office of Al Meyer, PA	.		
		Firm/Company	-	
	55 S.E. 2nd Ave., 1st Floor			
	-	Address		
	Delray Beach, FL 33444			
	-	City/State and Zip Code		
	al@almeyerlaw.com E-mail address: (to	be used for future annual	report notification)	
For further information con	cerning this matter, please cal	1:		
Albert Meyer		561 398 at ()	3-0634	
Name of F	Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enco		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ac	<u>ldress:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

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

Top Doc Clinics, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on ou Limited Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 15, 2	2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
TopDoc Clinics, LLC			
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Parker and an afficient distance of a marker block to			
Enter new maining address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our records	s, enter the name (of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:			of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records		of the new register
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida stre	et address	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida stre City		

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>	Name	Address	Type of Action
		-	□Add
			□Remove
			□Change
			□Remove
			□Change
		- -	□Add
			□Remove
			□Change
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

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 date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. 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 ord is filed. Dated August 3	
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Dated August 3	after the
7 M I X (II/) / X () 	
Signature of a member or authorized representative of a member	_
Albert Meyer	

Filing Fee: \$25.00