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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

YOUR HEARING DOCTOR LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

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T. LEBLANC
AUG 20 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR HEARING DOCTOR LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town
Name of Person

LEGALZOOM.COM, INC.
Firm/Company

9900 Spectrum Dr
Address

Austin, TX 78717
City/State and Zip Code

drsonia@yourhearingdoctorllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town, LEGALZOOM.COM, INC. at (800) 773 - 0888 ext. 9724
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ■ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: YOUR HEARING DOCTOR LLC

Enter new principal office address, if applicable: 600 River Birch Ct
Apt 736
Clermont FL 34711

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 600 River Birch Ct
Apt 736
Clermont FL 34711

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000006847

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 05/26/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "L.L.C.")

FILED
2024 AUG 19 PM 12:49

6. If amending the registered agent and/or registered officer 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: Sonia Hamidi

New Registered Office Address: 600 River Birch Ct Apt 736
Enter Florida Street Address

Clermont, Florida 34711
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:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Updating address of AMBR, Sonia Hamidi, 600 River Birch Ct Apt 736, Clermont, FL 34711

Title/Capacity	Name	Address	Type of Action
AMBR	Sonia Hamidi		☐ Add
		2074 RIVERLANDING CIRCLE LAWRENCEVILLE, GA 30046	■ Remove
AMBR	Sonia Hamidi	600 River Birch Ct Apt 736 Clermont, FL 34711	■ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Sonia Hamidi

Typed or printed name of signee

Filing Fee: $25.00