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DELOACH, PL

PAGE 02/05

8/21/2018

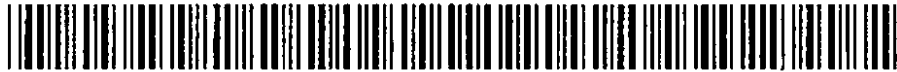
Division of Corporations

H180002449553

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOLLYDAISY, LLC

| | |
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K. SALY

AUG 31 2018

H180002449553



August 27, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOLLYDAISY, LLC
PO BOX 320134
TAMPA, FL 33679US

SUBJECT: DOLLYDAISY, LLC
REF: L14000118883

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000244955
Letter Number: 718A00017741

*DeLoach P.L. is
listed as AR. DeLoach, P.L.
is Not Dolly Daisy, LLC*

49

2018 AUG 30 PM 1:44

FILED
18 AUG 24 AM 8:55
H18000244955
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DOLLYDAISY, 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 07/29/2014 and assigned Florida document number: L1400013883

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:

1206 East Ridgewood Street

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32803

Enter new mailing address, if applicable:

PO Box 320134

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33679

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:

DeLoach, PL

New Registered Office Address:

1206 East Ridgewood Street

Enter Florida street address

Orlando

Florida 32803

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

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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> |
|--------------|-----------------|----------------------------|--|
| D | Temple Drummond | 6987 East Fowler Avenue | <input type="checkbox"/> Add |
| | | Tampa, FL 33617 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | DeLoach, PL | 1206 East Ridgewood Street | <input checked="" type="checkbox"/> Add |
| | | Orlando, Florida 32803 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

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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 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:
 (a) The date specified.
 (b) The 90th day after the record is filed.

Dated _____

 Signature of a member or authorized representative of a member

Curie A. DeLoach, for DeLoach, PL, as Authorized Representative

 Typed or printed name of signer