## L15000115876

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Do	ocument Number)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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## **COVER LETTER** •

TO: Registration Section Division of Corporations  Does Capture, LLC    Name of Limited Liability Company					
Does Capt					
SUBJECT:	Name of Lin	nited Liability Company			
Does Capture, LLC    Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Division of Corporations    Does Capture, LLC				
		Name of Person			
	Does Capture, LLC				
Firm/Company					
	3801, PGA Boulevard				
		Address			
	Palm Beach Gardens, Flor	ida, 33408			
		•			
		binitted for filing.  r to the following:  Name of Person  Finn/Company  Address  rida, 33408  City/State and Zip Code  com  (to be used for future annual report notification)  call: at (			
For further information of		-	ication)		
	David DeJean    Name of Person				
Name o	Does Capture, LLC    Name of Limited Liability Company				
-					
Enclosed is a check for t	he following amount:		•		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Does Capture, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000115876</u> This amendment is submitted to amend the following:	y were filed on July 10, 2015 and assigned
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	3801, PGA Boulevard
	Palm Beach Gardens, Florida, 33408
Enter new mailing address, if applicable:	Same as above
Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agr	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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>	Address	Type of Action
AMBR David DeJean		129 Las Brisas Circle	■ Add
		Lake Worth, Florida, 33462	□ Remove
			□ Change
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Note: If the d document's ef	e, if other than the one is listed, the date must attend in this blo fective date on the December 1.	ck does not meet t partinent of State's	the applicable sta s records.	itutory filing requ	irements, thi	s date will not be l	isted as
	ecifies a delayed day after the reco		, but not an e	rrective time,	at 12:01 a	a.m. on the ea	rlier or
Octobe	r 14		015				
				\	Q	in E	
		Signature of a memb	er or authorized re	presentative of a m	ember	100 E	The state of
Pro	sident of Member: Th	IEODORE AZUE	LOS			が計 <b>つ</b>	Freeze
		Туре	ed or printed name	of signee		<b>完全 7</b>	L'ACCE
			Page 3 of 3	<b>3</b>		FILORIDI FILORIDI	فست
		F	iling Fee: \$2	5.00		D. D	