(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/2/p// Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
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March 25, 2022

JAMARIS DORNAN 10 WAYMAN PLACE PALM COAST, FL 32164

SUBJECT: DORNAN ESTATES L.L.C.

Ref. Number: L21000468946

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00007072

Querida R Silas Regulatory Specialist II

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: Dornan Estate	s L.L.C.	a of Limit	ed Liability Company		
	Nam	e or thino	ed Liabuny Company		
The enclosed Articles of Amo					
	Jamaris Dorna				
-			Name of Person		
	Doman Estates	L.L.C.			
-			Firm/Company		
	10 Wayman 1	lace			
		<u>. </u>	Address	<u></u>	
	Palm Coast, F	lorida, 2	32164	<u>-</u>	
			City/State and Zip Code		
-	E-mail a	iddress: (to	be used for future annual report notif	ication)	
For further information cone	erning this matter.	please ca	11:		
	•				
Jamaris Dornan Name of Pe	rema	·	at (386) 237-5573 Area Code Daytime	e Telepho	one Number
Name of re	15011				
	allawing amount				
Enclosed is a check for the f	5.00 Filing Fee	0	S55.00 Filing Fee & Certified Copy		\$60.00 Filing Fee, Certificate of Status &
x 530.00 Filing Fee & Certific	cate of Status		(additional copy is enclosed)		Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	rtion		Street Address: Registration Se	ction	
Registration 500	. tion		Division of Cot		ons

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

			- 2022 APR -5 -PM 1: 15
	Dornan Estates L.L.C.		and an area of the first
-	(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	SECRETARY OF STATE
	(A Florida Limited Liability Company)	
ne Articles of C mber <u>:</u> L21000		ility Company were filed on 10/28/21	and assigned Florida document
his amendme	ent is submitted to amend the follo	owing:	
. If amendin	ng name, <u>enter the new name of</u>	the limited liability company here:	
Jamaris Dorn	nan LLC		
he new name mu	ust be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
inter new pri	ncipal offices address, if applica	ble:	
· ·	ce address MUST BE A STREET		
Inter new ma	ailing address, if applicable:		
	ess MAY BE A POST OFFICE I	<u></u>	
· I HITTIE HITTI			
		-	
3. If amendir	ng the registered agent and/or re the new registered office addres:	egistered office address on our recor s here:	ds, enter the name of the new register
V 11			
<u>Nam</u>	e 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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			Remove
			□Add
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ective o	ate, if other than the date of filing:e date is listed, the date must be specific and car	mot be prior to day	e of filing or more	(option: than 90 days after t	iling.) Pursuant to 605.9
te: If th	e date inserted in this block does not meet	the applicable st	atutory filing rec	pairements, this d	ate will not be listed
cument	s effective date on the Department of State	s records.			
ed e	ecifies a delayed effective date, but not an	effective time, a	nt 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
is filed.	ectives a delayed effective date, with the				
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-	3/30/22				
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