F9600005318

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
N/C Amend

Office Use Only



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S. Chirildan

23 NOV -3 PM 1:5

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CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 11/03/23 Order #: 1289305-2

Re: Lyman Davidson Dooley, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account \$35.00 - FL State Account Number:

I2000000195 Authorization:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F96000005318		
(I	Document number of corporation (if known)		
Lyman Davidson Dooley, Inc.			
(Name of corpora	ttion as it appears on the records of the Department of State)		
, Georgia	3. 10/14/1996		
(Incorporated under laws o	(Date authorized to do business in Florida)		
(4-7 COM	SECTION II IPLETE ONLY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corp incorporation?	poration, when was the change effected under the laws of its jurisdiction of		
5. LDDBlueline Inc.			
(Name of corporation after the amendment, ad not contained in new name of the corporation)	ding suffix "corporation," "company," or "incorporated," or appropriate abbreviation,		
1			
(If new name is unavailable in Florida, enter alt	ernate corporate name adopted for the purpose of transacting business in Florida)		
6. If the amendment changes the period of do	rration, indicate new period of duration.		
	(New duration)		
7. If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.		
	(New jurisdiction)		
8. If the amendment changes the jurisdiction of c	organization, indicate new jurisdiction:		
9. If the amendment changes person, title or capac	city in accordance with 607.1504 (4), indicate that change:		

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			©Remove
			DAdd
			□Remove
			ZOZANON
10. Attached is a coof the application under the laws of		Signed by:	
	(Signature of a director	Melanley The stock or other officer - if in the hands or appointed fiduciary, by that fiduciary)	5 of
Dave McCau		President	
(Typed or printed name of person signing)	(Title of pers	on signing)

FILING FEE \$35.00

Control Number: J814540

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF FACT

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective 01/01/2023, Articles of Amendment were filed changing the name from LYMAN DAVIDSON DOOLEY, INC., a Domestic Profit Corporation to LDDBlueline, Inc., a Domestic Profit Corporation.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 26137817 Print Date : 10/13/2023 Form Number : 218



Brad Rafforsperger

Brad Raffensperger Secretary of State