# 102000015279

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D. BRUCE
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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: DORE LANIER & PHILLIPS, CHAI	RTERED			
CCBCECT.	Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted	ted for filing.			
Please return all correspondence concerning this matter to t	he following:			
WILLIAM B. McMENAM	(Name of Person)	-		
DONALIGO DALLA M	-NATALANAV D.A			
DONAHOO, BALL & Mo	(Firm/Company)	-		
50 N. LAURA STREET,	, SUITE 2925	SEC!	08 APR 18	e-e
	(Address)	が発	PR I	eromone e
JACKSONVILLE, FLOR	RIDA 32202	HASSE HASS		Colons
(C	ity/State and Zip Code)	35 30 S	2 K	
For further information concerning this matter, please call:		FLORIDA	PH 12: 05	
SUSAN K. WILLIAMS	at ( 904 ) 354-8080			
(Name of Person)	(Area Code & Daytime Telephone Numb	er)		
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status	(additional copy is enclosed) Certifie	ate of Sta	itus &	osed)
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

# DORE LANIER & PHILLIPS, CHARTERED (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 June 19, 2002 and assigned Florida document number L020000015279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DORE & PHILLIPS, CHARTERED The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: (Enter Florida street address) (Enter Florida street address)

## 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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
	<del></del>		Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor.	nry.)
			08 APR
_			SSEE F
Dated APF	2008	3	12: 05 ORIGA
		er or authorized representative of a member	
	DENNIS P. DORE	or printed name of signee	

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Filing Fee: \$25.00