L05000094560

| . (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| . (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | gistration Sec vision of Corp | | | |
|--------------|----------------------------------|--|---|--|
| CHÓ IFOT. | | Brothers, LLC | | |
| SUBJECT: | | | ted Liability Company | |
| The enclose | ed Articles of A | Amendment and fee(s) are subr | mitted for filing. | |
| Please retur | n all correspor | ndence concerning this matter | to the following: | |
| *** | | Bryan J. Stanley, Esq. | | |
| | | | Name of Person | <u> </u> |
| | | Bryan J. Stanley, P.A. | | |
| | | | Firm/Company | |
| | | 209 Turner Street | | |
| | | Address | | |
| | | Clearwater, FL 33756 | | |
| | | | City/State and Zip Code | |
| | | bryan@bryanjstanley.com | 1 A A A A A A A A A A A A A A A A A A A | |
| For further | information co | e-mail address: (i | to be used for future annual report notificall: | atton) |
| Maria Fern | andez | | 727 461-1702 at () | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

| Doganiero Brothers, LLC | | |
|---|--|---|
| (Name of the Limited Liability (A Florida L | Company as it now appears on o imited Liability Company) | <u>μr recorus.</u>) |
| The Articles of Organization for this Limited Liability Con Florida document number L05000094560 | mpany were filed on Septemb | per 26, 2005 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | records, enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida st | eet address |
| | , Florida | |
| | • | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con | | |
| accept the obligations of my position as registered age | ent as provided for in Chap | ter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------------|----------------|
| MGR | Blake Doganiero | 535 Hercules Avenue, Ste 201B | Add |
| • | | Clearwater, FL 33764 | □ Remove |
| • | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
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| ffective | date, if other than the date of filing; (optional) |
| <u>lote:</u> If | date, if other than the date of filing: |
| e reco The 9 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | y 21 2015 |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00