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| (Re                     | equestor's Name)   |      |
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| (Ad                     | ldress)            |      |
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| (Bu                     | isiness Entity Nar | ne)  |
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SECRETARY OF STATE
ANASSEE, FLOREDA

N. Cuttigan JUL - 5 2019

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: DOAM MANAGEMENT GROUP, LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Danielle Paulich<br>Name of Person   |
| Doam Management Group, LLC   |
| 2025 Lagunaway   |
| Naples FL 34109 City/State and Zip Code  |
| Danielle & capstonedevar oup. com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Danielle Paulich  at (239) 272-12509  Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$6 |

**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

FILED

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SECRETARY OF STATE

ALAHASSEE EL

Management G The Articles of Organization for this Limited Liability Company were filed on 09/07/2007 Florida document number <u>L070</u>000 915 74 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) .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:

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

Enter Florida street address

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 = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> John Paulich IV MGRM Mary Beth Mola MARM Remove Add Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00