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S. HAWKES
JUN 1 0 2009
EXAMINER

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUBJE	CT:	DOLLY FO	DUNDATION LLC			
BOBGE		Name of Limi	ted Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
	STEPHEN G CONNETT					
			Name of Person			
		STEPH	HEN G CONNETT CPA F	PA		
			Firm/Company			
			604 E. Morgan St			
•			Address			
Brandon, FL 33510						
			City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)					
For furt	ner information	concerning this matter, please of	call:	•		
	Stor	ohen G Connett	. 912	651-0406		
		of Person	at ( <u>813</u> ) Area Code & Day	time Telephone Number		
Enclose	d is a check for	the following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COU Registration Sec Division of Cor			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DUNDATION LI		<del></del>
. (Name of the Limited Liability C (A Florida Lin	nited Liability Compan	y)	<u>.</u> )
The Articles of Organization for this Limited Liability Con	npany were filed on _	February 15, 2	2008 and assigned
Florida document number L08000017138	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	<u>nere</u> :	
The new name must be distinguishable and end with the words	"I imited I inhility Con	umanu 22 dha daoismadi	"I I C" the abbreviation
"L.L.C."	Limited Liability Cor	npany," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
			- SSE O
			P P S
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			**************************************
B. If amending the registered agent and/or register		n our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office addres	ss here:		
Name of New Registered Agent:			
			<u>-</u>
New Registered Office Address:		Enter Florida stree	t address
		, Florid	a
	Citv	, - 15-1	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Address Type of Action <u>Title</u> <u>Name</u> **MGRM** Glen Sussan Ford Ledford P.O. Box 2215 ☐ Add Remove Lakeland, FL 33806 Cameron Blok-Andersen MGRM 3250 O Neal Circle 🔲 Remove Unit H27 Boulder, CO 80301 Remove 1 ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Glen Sussan Ford Ledford Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00