L08000019979

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COVER LETTER

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	gistration Se vision of Cor			
SUBJECT:	DORA POI			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		J.W.ARROWSMITH		
			Name of Person	
			Firm/Company	
		P.O.BOX 1021		
			Address	
		APOPKA,FLA. 32704		
			City/State and Zip Code	.
		BARROWSMITH18@GM		· · · · ·
			to be used for future annual report notifi	ication)
For further ii	ntormation co	oncerning this matter, please c	all:	
BILL ARRO	WSMITH		407 421-1580 at ()	
	Name of	f Person		Telephone Number
Enclosed is a	check for th	e following amount:		Carrier To
≅ \$ 25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	iling Address	<u>s:</u>	Street Address:	
Reg	gistration S	Section	Registration Sec	tion
		orporations	Division of Corp	porations
P.C). Box 632'	7	The Centre of Ta	allahassee

T 11 1 PT 20214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORA POINT, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/25/2008 and assigned
Florida document number L08000019979	<u>-</u> .
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 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 of agent and/or the new registered office address here:	office address on our records, enter the name of the new regi
	新 TT
Name of New Registered Agent:	
New Registered Office Address:	> <u>iii</u>
	Enter Florida street address
	Florida

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 605, 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

Zip Code

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
AMBR	ROBIN E. JENKINS	796 MALLARD DR. SANFORD,FL.32771	≅ Add
			□Remove
			□Change
AMBR	JANINE B. ARROWSMITH	1030 LOCH VAIL #16 APOPKA,FL. 32712	= Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			DAdd 77
			Remove
		<u> </u>	→ OChange
			□Add
			Remove
			□Change
			□Add
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 605.0207
document's effective date on the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,
and the second one of the second of the second one of the second o	
e record specifies a delayed effective date, but not an effective time, at rd is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 15, 2021	
Dated MARCH 15, 2021	

Typed or printed name of signee