

W08 000079022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

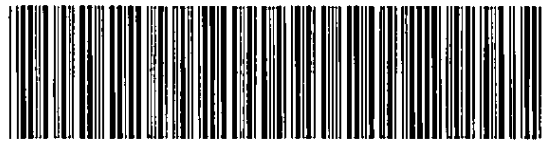
(Business Entity Name)

(Document Number)

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09/25/18--01020--004 \*\*25.00

2018 SEP 24 PM 3:46

T. CLINE

SEP 25 2018

EXAMINER

no \$

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DORCHESTER 5, 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:

FRANK VERO

Name of Person

DORCHESTER 5, LLC

Firm/Company

PO BOX 641

Address

NOKOMIS FL 34274

City/State and Zip Code

FRANKVERO8376@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK VERO

352 207-2696  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2016 SEP 20 PM 3:46

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DORCHESTER 5, LLC

(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 08/18/2008 and assigned  
Florida document number L08000079022.

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 contain 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)**

C/O 2801 SW COLLEGE RD UNIT 18

OCALA FL 34474

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 641

NOKOMIS FL 34274

**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

Florida

City

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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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

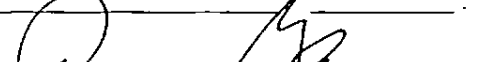
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEROME E GLASSMAN	2801 SW COLLEGE RD UNIT 18	<input type="checkbox"/> Add
		OCALA FL 34474	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	HENRY A EHLERS	2100 SE 17 ST STE 802	<input type="checkbox"/> Add
		OCALA FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK VERO	2801 SW COLLEGE RD UNIT 18	<input checked="" type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 14 2018

SEPTEMBER 14 2018



Signature of a member or authorized representative of a member

JEROME E GLASSMAN

Typed or printed name of signer