# 1690000 10276

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### **COVER LETTER**

то:	Registration Sect Division of Corpo			•
euth II	DORA	N DESIGN L	LC	
SUBJ	EC1;	Name of Limit	ted Liability Company	
		mendment and fee(s) are subr		
Please	return all correspond	dence concerning this matter t	to the following:	
		ROBERT D	SMITH	
			Name of Person	
			Firm/Company	
		1328 ESTU	ARY TRAIL	
			Address	
		DELRAY BE	ACH, FL 33	3483
		BBOMETHE CO.	City/State and Zip Code	
		RDSMITHFL@C	o be used for future annual re	port notification)
For fu	rther information co	ncerning this matter, please ca		
RC	DBERT D	SMITH	<sub>3</sub> ,561,27	72-2602  Daytime Telephone Number
	Name of	Person	Area Code	Daytime Telephone Number
Enclo	sed is a check for the	e following amount:		
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAN DESIGN LLC		
( <u>Name of the Limite</u> )	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L09000010276		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	the limited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, ce address here:	enter the name of the new
Name of New Registered Agent:	ROBERT D SMITH	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
New Registered Office Address:	1328 ESTUARY TRAIL	
<u>-</u>	Enter Florida street address	C.Y
	DELRAY BEACH , Flori	da 33483 🗒

#### 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

It manging Registered Agent, Signature of New Registered Age

Zip Còde

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Title <u>Name</u> <u>Address</u> 1328 ESTUARY TRAIL MERCELENE J SMITH **MGRM** DELRAY BEACH, FL 33483 Remove □ Add \_\_\_\_\_ Remove □ Add ☐ Remove □ Ádd ☐ Remove ☐ Add ☐ Remove

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