L09000113903

| (Requestor's Name) | | | | |
|---|---|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Only/State/Zip/Filone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | · | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200207381402

05/10/11--01016--001 **25.00



C. LEWIS

MAY 1 1 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2011

DOREEN COTT / DOREEN COTT LLC 1414 ADAMS ST. HOLLYWOOD, FL 33020

SUBJECT: DOREEN COTT, LLC Ref. Number: L09000113903

We have received your document for DOREEN COTT, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 511A00011749

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|---------|------------------------------------|--|---|--|--|
| SUBJI | | | | | |
| SOBGI | | Name of Limit | ted Liability Company | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspo | endence concerning this matter | to the following: | | |
| | | | Doreen Cott | | |
| | | | Name of Person | | |
| | Doreen Cott LLC | | | | |
| | | | Firm/Company | | |
| | | | 1414 Adams St. | | |
| Address | | | | | |
| | | F | Hollywood, FL 33020 | | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (to | dcott@qi-west.com o be used for future annual report notifica | ition) | |
| For fur | ther information c | oncerning this matter, please ca | | | |
| | D Name o | oreen Cott | at (954) 6 | 54-1581 | |
| | Name | i i etsui | Area Code & Daytane | receptione Number | |
| Enclos | ed is a check for th | ne 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:

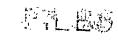
TO:

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



2011 JUN 2 4 PM 4: 28

| | Doreen Cott LLC | ars on our records. AHASSEE FEORIDA | |
|---|---|--|--|
| (<u>Name of the Limited</u> (A | Liability Company as it now appe Florida Limited Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Li Florida document numberL09000113 | | November 30, 2009 and assigned | |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liability company he | <u>ere</u> : | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Com | pany," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applic | able: | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| B. If amending the registered agent and/or the new registered of | | our records, enter the name of the new | |
| 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 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 **Type of Action Title** <u>Name</u> Address MGRM Douglas Barnard 1414 Adams St. ✓ Add Hollywood, FL 33020 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Doreen Cott

Typed or printed name of signee