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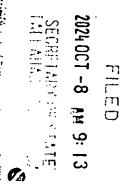
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| • • DORRAS: | SET MANAGEMENT LLC | . " | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | DAVID DORR | | |
| | | Name of Person | |
| | DORR ASSET MANAGE | MENT LLC | |
| | | Firm/Company | |
| | 936 SW 1st Ave #1072 | | |
| | | Address | |
| | Miami, FL 33130 | | |
| | david@dorrasset.com | City/State and Zip Code | |
| | - | to be used for future annual report noti | ification) |
| For further information c | oncerning this matter, please co | all: | |
| DAVID DORR | | 786 553-5368 | |
| Name o | t Person | Area Code Daytim | ne Telephone Number |
| Enclosed is a check for the | he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORR ASSET MANAGEMENT LLC

| nited Liability Company) | |
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| pany were filed on 02/05/2 | and assigned |
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| I liability company here: | |
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| Liability Company," the designa | ation "LLC" or the abbreviation "L.L.C." |
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| City | Zip Code |
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| plete performance of my a at as provided for in Chap. | city. I further agree to comply with to luties, and I am familiar with and ter 605, F.S. Or, if this document is infirm that the limited liability |
| | I liability company here: Liability Company," the design: Enter Florida st City gent: I agree to act in this capa plete performance of my at as provided for in Chap |

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> | Address | Type of Action |
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| E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | st be specific and lock does not n | cannot be prioneet the appli | cable statutory | or more than 90 da | (optional) ys after filing.) Pursi nts, this date will n | ant to 605,0207 (3)(l of be listed as the |
| f the record specifies a delayed effective cord is filed. | re date, but not | an effective t | time, at 12:01 a | i.m. on the earlie | r of: (b) The 90th | day after the |
| October 4 Dated | | 2024 | | | | |
| | | and . | 4> | | | |
| | Signature of a r | nember or auth | norized represent | ative of a member | <u> </u> | |

Typed or printed name of signce