

L10000065701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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02/05/15--01017--001 **1375.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2015
T. LEMIEUX
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dona Avenue 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:

Kelly Hooper

Name of Person

BishopBeale

Firm/Company

250 North Orange Avenue, Suite 1500

Address

Orlando, FL 32801

City/State and Zip Code

kelly@bishopbeale.com

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

For further information concerning this matter, please call:

Kelly Hooper

Name of Person

at (407) 426-7702

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2015

KELLY HOOPER
250 N ORANGE AVE STE 1500
ORLANDO, FL 32801

SUBJECT: DOWD AVENUE, LLC
Ref. Number: L10000065701

We have received your document for DOWD AVENUE, LLC and your check(s) totaling \$1375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you are trying to file is not correct. You can not change a manager or member's address on a registered agent change. You will need to file a Amendment for the LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 815A00003025

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

Dowd Avenue, 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 6/18/10

Florida document number L10000065701

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

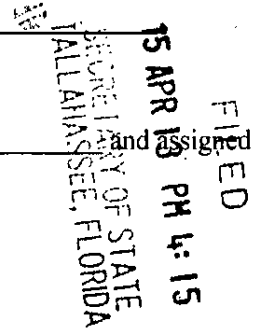
Enter Florida street address

_____, **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 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

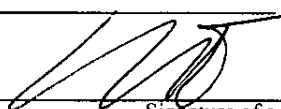
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert W Duncan	250 N. Orange Ave., Suite 1500	☒ Add
		Orlando, FL 32801	☐ Remove
MGR	William D. Bishop III	250 N. Orange Ave., Suite 1500	☒ Add
		Orlando, FL 32801	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30 2015



Signature of a member or authorized representative of a member

William D. Bishop III

Typed or printed name of signee