

L 10000091478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

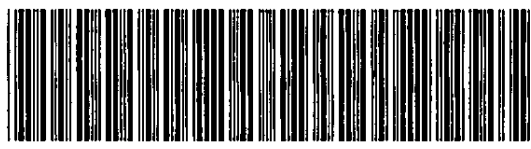
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY - 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOVE'S HEALTH AND Religious STORE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

ADMA I GRANT
Name of Person

DOVE'S HEALTH AND Religious STORE LLC
Firm/Company

3956 TOWN CENTER BLVD #509
Address

ORLANDO FL 32837
City/State and Zip Code

Cema1960@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

ADMA I GRANT at 407.697.0414 - 407.395.3218
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 APR 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doves Health and Religious Store 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 08-31-10 and assigned
Florida document number L10000091478

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Eagle's Health And Religious Store LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3956 Town Center Blvd
#509 Orlando FL
32837

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:

ADAM I GRANT

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

Adam Grant
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner MGRM	ADMA	I GRANT 3956 TOWN Center	Add
		BLVD #509 ORlando	Remove
		FL 32837	
			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 4-25-13

Adma Grant

Signature of a member or authorized representative of a member

ADMA I GRANT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00