## L10000096105

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## **COVER LETTER**

Division of Cor			w.	
SUBJECT: TA	e Dovah Gro Name of Lim	UP LL C ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	John \	J. Davenport Name of Person		
	The Do	vah Group LIC Firm/Company		_
	3810 S	taysail. Ln		j 
	Holida	U. FL 34691 Clty/State and Zip Code	e e e e e e e e e e e e e e e e e e e	5
	johnydu E-mail address: (	rango O M50, Co M to be used for future annual report notifi	1 September 1 September 2 Sept	10: 51 31   51   51   51   51   51   51   51
For further information c	oncerning this matter, please c	ali:		
John J Name o	Davenport f Person	at (860) 655 Area Code Daytime	-7689 e 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Dovah Group LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
(A Florida Limited Liab	pility Company)	ers on our records.	
The Articles of Organization for this Limited Liability Company we Florida document number LIO000096105	ere filed on	9/14/201	and assigned
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	y Company," th	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2015 1745
(Principal office address MUST BE A STREET ADDRESS)			
			COC. 1 PARTY
			95 - 111
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered offic	e address o	n our records,	enter the name of the ne
registered agent and/or the new registered office address here:			
Name of New Registered Agent:		****	
New Registered Office Address:	Enton El	orida street address	
	Enter F10	oriuu sireet aaaress	
***************************************	City	, Flori	da

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

ti 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>	Address	Type of Action
MGR	Nancy N Davenport	3810 Staysail Ln.	□ Add
		3810 Staysail In. Holiday, FL 34691	□ Remove
			□ Add
	<b>.</b>		□ Remove
<b>****</b>			SS DrArdd
			Remove 7
ATABARA .			
			Remove
			□ Remove
<del></del>			
			Remove

he effective	late, if other than the date of filing: April 15, 2014 (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
ated	March 27th, 2019.
	thus Davenport
	Signature of a member or authorized representative of a member  John J. Davenport  Typed or printed name of signee
	10hn - 10010n - 1

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Filing Fee: \$25.00