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COVER LETTER

TO:	Registration Division of C						
SUBJI	ECT: <u>the</u>	Dovah	GYOUO Name of Lin	LLC nited Liability Company			
The en	closed Articles	of Amendment a	nd fee(s) are sub	omitted for filing.			
Please	return all corres	spondence conce	rning this matter	r to the following:			
			_	Name of Person Vah Group LL Firm/Company ay Sail Ln Address			
•		ω	· .	FL 346 City/State and Zip Code Wen port and (to be used for future annual i			
For fur	ther information	n concerning this	matter, please o	call:	-	2016 APR	J Berry Twit.
10	hn J. Nam	Davenpo e of Person	ort	at (<u>\$ le 0</u>) <u>l</u> Area Code	255 - 7689 Daytime Telephon	<u> </u>	Controlled the
Enclos	ed is a check fo	r the following a	mount:				1
\$2:	5.00 Filing Fee		Filing Fee & cate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	losed)	660.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us &

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

TO ARTICLES OF ORGANIZATION OF

The Dove (Name of the Limite	d Liability Compa A Florida Limited) P LLC inv as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Lia Florida document number L000009610.		were filed on <u>9/14/2010</u>)	and assigned	
This amendment is submitted to amend the followers	wing:				
A. If amending name, enter the new name of name is to re					
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the al	obreviation "L.L.C."	
Enter new principal offices address, if applica (<u>Principal office address MUST BE A STREET</u>		N/A			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	_N/A			-
B. If amending the registered agent and/o			enter	C22	new
Name of New Registered Agent:	N/A		200 X	a to	
New Registered Office Address:		Enter Florida street address		CTT COMMENT	_
		City	TUM	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> .	<u>Name</u>	Address	Type of Action
MGRM	John J. Davenport	3810 Staysail Ln.	Add
		Itoliday, FL 34691	Remove
			Change
MGR	Nancy N. Davenport	3810 Staysail Ln	🖸 Add
		Holiday, FL 34691	CI Kemove
			☐ Change
MGRM	William S. Davenport	3810 Staysail Ln.	🖸 Ādd
		Holiday, FL 34691	□ Remove
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Filing Fee: \$25.00