

L110000032255

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HALL COUNTY FLORIDA

MAY 27 2015
J. BRUCE

25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DODSON FAMILY ENTERPRISES, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DOMINIA R. DAVERIN (815) 370-0084
(Contact Person)

/
(Firm/Company)

PO Box 723
(Address)

CLIFTON IL 60927
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN BAIDUIC at (530) 228-5794
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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25th

SUBJECT: DODSON FAMILY ENTERPRISES
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

DRIDAV63@AOL.com
E-mail address: (to be used for future annual report notification)

KAREN BADOUR at (530) 228-5794
Name of Person Area Code Daytime Telephone Number

☒ \$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)

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**

DODSON FAMILY ENTERPRISES, 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 3/16/2011 and assigned Florida document number L11000032255.

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)

13007 Memorial Hwy
Tampa FL 33635

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3559 Lonnie Lane
Paradise CA
95969

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

City, Florida

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	DODSON, WENDELL R.	12519 FOUR WHEEL DR	<input type="checkbox"/> Add
		TAMPA, FL 33635	<input checked="" type="checkbox"/> Remove
MGR	DAVERIN, DONNA R.	PO BOX 723	<input checked="" type="checkbox"/> Add
		CLIFTON IL 60927	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DAVERIN, DONNA R.

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

Update to legal names on LLC:

Katherine A. Ferrer

Michael W. Dodson

Russell J. Dodson

Donna R. Daurin

Karen M. Badour

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 3-2-, 2015.

IDA 3-2-15

Signature of a member or authorized representative of a member

DONNA R. DAURIN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA