

L11000104536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

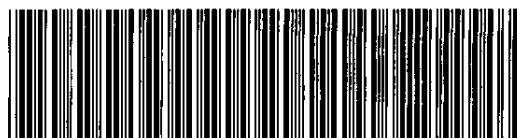
(Business Entity Name)

(Document Number)

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2011 SEP 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 30 2011

EXAMINER



HARVEY & BATTEY, PA
— ATTORNEYS AT LAW —
SINCE 1922

P.O. DRAWER 1107 • 1001 CRAVEN STREET • BEAUFORT, SC 29901-1107
(843) 524-3109 • (843) 524-6973 FAX
www.harveyandbattey.com

W. BRANTLEY HARVEY, SR.
(1893-1981)
W. BRANTLEY HARVEY, JR.
(Retired)
COLDEN R. BATTEY, JR.
WILLIAM B. HARVEY, III
(SC Circuit Court Mediator)

JOHN M. TATUM, III
THOMAS C. DAVIS
THOMAS A. HOLLOWAY
(also admitted in PA and NJ)
EUGENE PARRS
(also admitted in NY, NC, FL and GA)
JOSEPH L. O'BRIEN

September 27, 2011

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Doran BWF, LLC

Ladies and Gentlemen:

I enclose for filing Articles of Amendment to the Articles of Organization for the above captioned limited liability company. The purpose of the Amendment is to correct the mailing address.

A check for the \$25 filing fee is also enclosed.

Please file the Articles for this LLC. Call me if you have any questions.

Thank you.

Very truly yours,

Eugene Parrs
Fla. Bar. No. 0208094

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doran BWF, 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:

Eugene Parrs

Name of Person

Harvey & Battey, P.A.

Firm/Company

PO Drawer 1107

Address

Beaufort, SC 29901-1107

City/State and Zip Code

jpicciano@rpcpacom

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

For further information concerning this matter, please call:

Eugene Parrs

Name of Person

at (843)

524-3109

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2011 SEP 29 PM 1:30

Doran BWF, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 12, 2011 and assigned Florida document number L11000104536.

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)

4324 Hunting Trail

Lake Worth

Florida 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4324 Hunting Trail

Lake Worth

Florida 33467

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:

4324 Hunting Trail

Enter Florida street address

Lake Worth

City

, Florida

33467

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

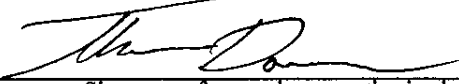
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated September, 2011.



Signature of a member or authorized representative of a member

Thomas F. Doran, Jr.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 29 PM 1:30

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