

L120000023168

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
FEB 27 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dotter Holding 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:

Adam O. Kirwan

Name of Person

Kirwan Law Firm

Firm/Company

301 N. Ferncreek Avenue

Address

Orlando, FL 32803

City/State and Zip Code

adam@kirwanlawfirm.com

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

For further information concerning this matter, please call:

Adam O. Kirwan

Name of Person

at ( 407 )

210-6622

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dotter Holding 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 February 16, 2012 and assigned  
Florida document number L12000023168 L12000023168

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)**

301 N. Ferncreek Avenue, Suite C

Orlando, FL 32803

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

301 N. Ferncreek Avenue, Suite C

Orlando, FL 32803

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TALLAHASSEE, FLORIDA

**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 O. Kirwan

New Registered Office Address:

301 N. Ferncreek Avenue, Suite C

*Enter Florida street address*

Orlando

, Florida

32803

*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 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>
MGR	Frank A. Neilson	10355 Flowers Avenue Orlando, FL 32825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Adam O. Kirwan	301 N. Ferncreek Avenue, Suite C Orlando, FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
RA	Frank A. Neilson	10355 Flowers Avenue Orlando, FL 32825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
RA	Adam O. Kirwan	301 N. Ferncreek Avenue, Suite C Orlando, FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated February 17, 2012

Signature of a member or authorized representative of a member

Adam O. Kirwan  
Typed or printed name of signee