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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dave's Investment Management, L'acc
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suzane McLarney Name of Person
Dove's Investment maragement, 220
306 Willis Rd Address
Sudbury MA 01776 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suzanne McLainey at (978) 394-4899 Name of Person at (978) Daytime Telephone Number
Englosed is a check for the following amount: S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee,
S25.00 Filing Fee S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Liability Compan Florida Limited Li	y as it now appears on ability Company)	agement	, Lot C
The Articles of Organization for this Limited Liab Florida document number 1.12.0000 This amendment is submitted to amend the follow A. If amending name, enter the new name of the	3364) ing:		rch 8,201	2 and assigned
The new name must be distinguishable and contain the word	to ut inciend t inhills	. Common with a decision	ntion til I C'V and a	3-
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET).	le:	y Company, the design.	ation LLC or the a	SS 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	306 Wil	dis RJ MIA O	1976 1976
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offi	ice address on our		····
Name of New Registered Agent:	Suzar	ne mcL	arney	
Name of New Registered Agent: New Registered Office Address:	2740	Begonia T	L (V A C L	
		City City		

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.

f Changing Registered Agent, Signature of New Degistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc	Paul Lamoureaux	2740 Begonia Terrau	2_□ Add
_	(Deceased)	2740 Begonia Terrau North Port, FL 34286	Remove
			Change
			Add
			□ Remove
			Change
			Add
		* * * * * * * * * * * * * * * * * * * *	Remove
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If an effective date Note: If the da	, if other than the date e is listed, the date must be sp ite inserted in this block di ective date on the Departr	oecific and cannot be poes not meet the ap	plicable statutory	or more than 90 days after	onal) Fursuant r filing.) Pursuant s date will not b	to 605.0207 be listed as t
ne record spe The 90th d	ecifies a delayed effe lay after the record i	ective date, but s filed.	not an effecti	ve time, at 12:01 a	a.m. on the ϵ	earlier of
Dated	8/2/	nne Phi Z	1/7.			
	LUBA	ino Thuz	Edinar			
	Signa	ture of a member or	authorized represent	ative of a member	-	_
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Filing Fee: \$25.00