# L12000120217

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

**Dotoque 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:

# Genilde Guerra

Name of Person

# Law office of Kravitz & Guerra, PA

Firm/Company

# 800 Brickell Ave Suite 701

Address

# Miami, Florida 33131

City/State and Zip Code

## Genilde@kravitzlaw.com

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

For further information concerning this matter, please call:

Genilde Guerra

<sub>.</sub>,305 \**372-022**2

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **DOTOQUE LLC**

company has been notified in writing of this change.

(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 L.		on September	20,2012 and assigned	
Florida document number L12000120217	· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability comp	any here:		
MATERIAL STATES				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabilit	y Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
			₽ ≥	
Enter new mailing address, if applicable:			V 0	
(Mailing address MAY BE A POST OFFICE BOX)			CAST NO POLICE	
B. If amending the registered agent and/ registered agent and/or the new registered of		ess on our records		
Name of New Registered Agent:	Genilde Guerra			
New Registered Office Address:	800 Brickell Ave,	Suite 701		
		Enter Florida s	street address	
	Miami	. F1	, Florida 33131	
	City	,	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p				

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGRM	Name Gilda Peixoto	Address 225 27th Apt A	Type of Action  Add
		Miami Beach, FI 33139	Remove
			Add
			Remove
		; ; ; ; ; ;	Remove
		TO T	Add Remove
			Add
			Remove
<del></del>			Add
			Kenkive

D. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
Dated OCTOBER 21	2013
Dated	
Sign	aturg of a member or authorized representative of a member
	Genilde Guerry for the members
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00