112 000 142095

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Kruse Dry Name of Lim	ted Liability Company	10 and
	remode	clong CCC	7: 6
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	至五四
Please return all correspo	ondence concerning this matter	to the following:	FILED FILED
	Lee Kr	Name of Person	- 10
	_ Kruse	Pirm/Company	all
	4509	102nd st U	<u>) · </u>
	Proder	City/State and Zip Code	4910
	E-man address: (i	nanatee in Sur to be used for future annual report notif	ance a hotmark.
For further information of	oncerning this matter, please ca	all:	
ATP Name of	f Person	at (4/1) 465 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Compation (A Florida Limited L	ny as it now appears on our records.)
(A Florida Limited L	~ /
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number 12000 142095.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Dochase	
The new name must be distinguishable and contain the words "Limited Dishili	
Enter new principal offices address, if applicable:	Same = = =
(Principal office address MUST BE A STREET ADDRESS)	100 m
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
D. If we will be also we have a life of the latest and the latest	e 11
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	X X X X X X X X X X
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Asst Sic	Rodney Fair	- AK	
	1	134h AV DW.	□ Remove
		100000000000000000000000000000000000000	☐ Change
1037 EC	Brian C. Bozarth	1211. IHn AUCW.	CLAdd
		Bracenton, 77 34205	Remove
			Change
MGRM	Christopher Nall	5620 41st 57 E.	
		34303	□ Kemove
			□ Change
Lucom	Cathie Kruse	4509 102 Nd Stw.	O Xdd
		Brownson Fl. 34316)□ Remove
			- : ≥: □ Change T
			13dd M
			Remove B C C
			Change
			□ Add
			🗖 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please pot Mr. Fair hat I the company
2. mr. Bozunh is new company memb
3) Christopher Nau Lett comp
4) Add witz Cathic Kruse
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. the earlier of (b) The 90th day after the record is filed.
Dated 11-9-2019 SSEE FLOOR SEE D
Signature of a member or authorized representative of a member ∞

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Filing Fee: \$25.00