## 13000008752

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## COVER LETTER

	ision of Corpo						
SUBJECT:	Donavan,	LLC					
SOBJECT.		Name of Limi	ted Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		Samuel A. Falcone	lr.				
			Name of Person				
			Firm/Company				
		15 Public Square, St	uite 210				
			Address				
		Wilkes-Barre, PA 18	701				
			City/State and Zip Code				
		s.falcone@ymail.com				N.3	
		E-mail address: (1	to be used for future annual report notific	cation)	127 m.,	2014	
For further i	nformation co	ncerning this matter, please ca	all:			0£C	ान
Samuel A	۱. Falone, د	Ir., Esq	570 823-0101		20% 20%	8	
England in	Name of			Telephone Number	SESTATES SELORIDA	PM 12: 08	
		following amount:	<b>_</b>		জ,∴শ		•
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status		

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

Donavan, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L13000008752		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14677 Speranza Way	
(Principal office address MUST BE A STREET ADDRESS)	Bonita Srpings, FL 34135	
Enter new mailing address, if applicable:	14677 Speranza Way	
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34135	33
B. If amending the registered agent and/or registered o	effice address on our records, ente	TO TO THE PROPERTY OF THE PROP
registered agent and/or the new registered office address her	e:	57. 6
Name of New Registered Agent:		
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Title <u>Address</u> **Type of Action** <u>Name</u> **MGR** Bill Fraser 2143 Monastery Circle ☐ Add Orlando, FL 32822 ■ Remove MGR Thomas Kretchik 14677 Speranza Way ■ Add Bonita Springs, FL 34135 □ Remove □ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

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ffective date, if other than the date effective date must be specific, cannot be date this document is filed by the Flor	late of filing: t be prior to date of receipt or filed date and carida Department of State)	(optional) nnot be more than 90 days after
, December 3	/). 2014	/
ated	Chomas Vall.	
ated	Charman Lucy Signature of a member or authorized represen	tative of a member
Jared	Gignature of a member or authorized represen	tative of a member

Page 3 of 3

Filing Fee: \$25.00

