11/3/22, 3:02 PM Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H22000376959 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

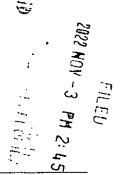
Account Number : 076077001702 : (407)841-1200 Phone : (407)423-1831 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANKLIN DORA HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



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NOV 04 2022

From: Leslie Perryman * Pax: 14072329822 To. Fax: (850) 617-6383 Page: 2 of 4 11/03/2022 3:69 PM

ARTICLES OF AMENDMENT TO (((H22000376959 3))) ARTICLES OF ORGANIZATION OF ::

ARTICLES OF OR OF		
ę Or	4:	
FRANKLIN DORA HOLDING, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on January 31, 2013	and assigned
lorida document number L13000016332		
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limited liabili	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	مبيو	r-3
	· · · · · · · · · · · · · · · · · · ·	2022
Enter new mailing address, if applicable:		· 2 -
Mailing address MAY BE A POST OFFICE BOX)		ω Fn
•		. 3
3. If amending the registered agent and/or registered office ad	dress on our records, <u>enter the nam</u>	
agent and/or the new registered office address here:		55
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

Page: 3 of 4

11/03/2022 3:09 PM

To:

Fax: (850) 617-6383

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000376959 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Meixsell, Edward	P.O. Box 1263	
		Longwood, FL 32752	□Remove
			☐ Change
MGR	Meixsell, Scott	P.O. Box 1263	≅Add
		Longwood, FL 32752	
			Change
MGR	Carter, Tracey	P.O. Box 1263	■Add
		Longwood, FL 32752	CRemove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

To:

(((H22000376959 3)))

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effe	ve date, if other than the date of filing: (optional) (optional) (optional) (optional) (optional) (optional)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
core s fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
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ed .	1 = 1/A/.
	Signature of a member or authorized representative of a member
	Matthew J. Abdarn, Authorized Member Representative
	ATRICIONAL A MARCON ALCOMONICA ATRICINA DI CONTRACAMENTO DE LA CONTRACAMENTA DEL CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DEL CONTRACAMENTA DE LA CONTRACAMENTA DEL CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DEL CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DE LA CONTRACAMENTA DEL CONTRACAMENTA DEL CONTRACAMENTA DE LA CONTRACAMENTA DEL CONTRACAMEN