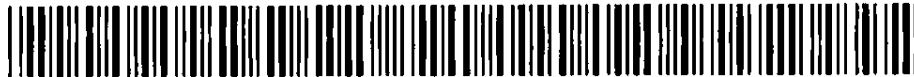


L1300016332
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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)))



H220003769593ABCA

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

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

2022 Nov -3 PM 3:15

FILED
2022 NOV -3 PM 2:45

Electronic Filing Menu

Corporate Filing Menu

Help
T. LEMIEUX

NOV 04 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKLIN DORA HOLDING, LLC

(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 Liability Company were filed on January 31, 2013 and assigned Florida document number L13000016332

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Meixsell, Edward	P.O. Box 1263	<input type="checkbox"/> Add
		Longwood, FL 32752	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Meixsell, Scott	P.O. Box 1263	<input checked="" type="checkbox"/> Add
		Longwood, FL 32752	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carter, Tracey	P.O. Box 1263	<input checked="" type="checkbox"/> Add
		Longwood, FL 32752	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H22000376959 3)))

