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J. SAULSBERRY EXAMINER

MAY 21 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

DORIE LANE 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:

# KARA E LIVESEY

Name of Person

Firm/Company

1255 MARSEILLE DR, APT 124

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

KARA.LIVESEY@gmail.com

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

For further information concerning this matter, please call:

KARA E LIVESEY

, 305**, 4170673** 

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

### **DORIE LANE 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 Liabilit	ty Company were filed on 8:00 AM AF	PRIL 22, 2013 and assigned
Florida document number L13000058195	·	
This amendment is submitted to amend the following	j.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		<b>201</b> 3
Enter new mailing address, if applicable:		1, et
(Mailing address MAY BE A POST OFFICE BOX)		AND N
B. If amending the registered agent and/or re	gistered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office a	iddress here:	G 7 9
Name of New Registered Agent:		
New Registered Office Address:	Enter Floric	da street address
	Emer Profite	uu sireet uuuress
- 	City ,	Florida
	Cuy	Zip Coae

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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TRUDY A LIVESEY	2150 DORIE LANE	Add
		MOSINEE, WI 54455	Remove
MGR	JAY S LIVESEY	2150 DORIE LANE	
		MOSINEE, WI 54455	Remove
MGR	ANTONIO PEREZ PEREZ	1255 MARSEILLE DR, APT 1	24 🗸 Add
		MIAMI BEACH, FL 3314	Remove
			ZODAKI
			Rèmove,—
_			Remove
<del></del>			Add
			Remove

D. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if	necessary.)
	· · · · · · · · · · · · · · · · · · ·	
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<del></del>		
Dated MAY 16		
Kanx		
KARA E LIVES	gnature of a member or authorized representative of a member SEY	
<del></del>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 MAY 20 AM 8: 29