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COVER LETTER

Carol Dowd-Forte LLC SUBJECT: __ 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: Carol Lee Dowd Name of Person Carol Lee Dowd LLC Firm/Company 79 Seascape Circle Address Saint Augustine/FL/32080 City/State and Zip Code editthedog@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carol Lee Dowd Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25 00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

| Carol Dowd-Fort | | | | |
|----------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------|-----------------|
| (<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili | it now appears on our i ty Company) | records.) | | |
| The Articles of Organization for this Limited Liability Company were | e filed on April 29, | 2013 | _ and assig | ned |
| Florida document number | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability | company here: | | | |
| Carol Lee Dowd LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liability Co | ompany," the designation | "LLC" or the abbre | viation "L.L. | C." |
| Enter new principal offices address, if applicable: | | | _ | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u>.</u> | | |
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| Enter now mailing address if applicables | | , | | With the second |
| Enter new mailing address, if applicable: | | | Treat | 2 mg 1 mg |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 1 _C 7 _C | TEN ME |
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| B. If amending the registered agent and/or registered office | address on our re | cords, <u>enter th</u> | e nante of | the ne |
| registered agent and/or the new registered office address here: | | | | |
| N. CN. D. L. M. | | | | |
| 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: | | | | |

Thereby 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|----------------|
| President | Carol Lee Dowd | 79 Seascape Circle | |
| | | Saint Augustine, FL, 32080 | ☐ Remove |
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| an effective d lote: If the o ocument's e | late is listed, the date must be so date inserted in this block of frective date on the Depart pecifies a delayed eff | does not meet the applicable s tment of State's records. fective date, but not an | e of filing or more than 90 days a tatutory filing requirements, | optional) after filing.) Pursuant to 605.0207 this date will not be listed as to |
| The 90th | day after the record | is filed. | | |
| ated | May 17 | 2018 | . 10 | |
| | _ | A T | zer X | > 1 |
| _ | Sign | nature of a member or authorized | representative of a member | 22. F |
| | | | | |
| | | Carol Lee Dov | .1 | · 31 • |

Page 3 of 3

Filing Fee: \$25.00