1130000080285

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2018 AUG 16 PH 1: 08

4.24.18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOI	RSA INVEST	MENTS LLC	
DOCUMENT NUMBER: L130008	0825		
The enclosed Articles of Amendment		bmitted for filing.	
Please return all correspondence conc	erning this ma	tter to the following:	
ORANG LUT	FI		
		Name of Contact Perso	on
<u>Dorsa</u> l	wilect.	menta IIC	
<u></u>	11.05-21	Firm/ Company	
11740 SW 3 S	TREET		
-		Address	
PLANTATIO:	N. FL 33325		
		City/ State and Zip Coo	le
OLUTFI@COMCA	ST.NET		
E-mail ad	dress: (to be u	sed for future annual repor	t notification)
For further information concerning th	is matter, plea:	se call:	
Orang Lutfi		954 at () 605-3932 ode & Daytime Telephone Number
Name of Contact Person	on	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Dep	partment of State:
	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 321	ntions	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301



August 1, 2018

ORANG LUTFI DORSA INVESTMENTS LLC 11740 SW 3 STREET PLANTATION, FL 33325

SUBJECT: DORSA INVESTMENTS LLC

Ref. Number: L13000080285

We have received your document for DORSA INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Amendment form you have submitted is for a FL Corporation and you are on our records as an FL LLC.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 618A00015868

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

SUBJECT:	DORSA INV	ESTMENT LLC ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		RANG LUTF	
		Firm/Company	
	Fort La	BOX 55/62 Address, VOCIOALE, F City/State and Zip Gode	3-33-355 1-33-305
	Do(SC) NV E-mail address: (to be used for future annual report notif	Teation)
Division of Corporations UBJECT:			
Name of	ang Lutti	at (<u>954</u>) <u>605</u> Area Code Daytime	-3932 : Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	_		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Orang Lutfi
Dorsa Investments LLC
Doc Number:L13000080285
11740 SW 3 street
Plantation, FL 3325

August13,2018
Stacy Prather,
Florida Department of State
Division of Corporation
P.O.Box6327
Tallahassee, Florida 32314

Dear Stacy,

Attached please find the amendment to the article of organization to Dorsa Investments LLC on the right form, the one you mailed me. The letter number is 618A0015868. This is a resubmitted form since the

original form was incorrect.

Best Regards,

Orang Lutfi

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 AUG 16 PM 1: 08 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 6/04/2013 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ 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: 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 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:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name LADAN LUTFI 6453 CHARIOT ST MGR ATLANTA, GA 30328 ☐ Change P. O. BOX 551623 Add MGR OBANG LUTFI Fortlander dale, F1.33355 - Remove Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change D Add ☐ Remove ☐ Change

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an erice ote: T	re date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	<u>8-13</u> .2018 ₁
ated _	\mathcal{L}
ated _	Signature of a member or fasthorized representative of a member

Page 3 of 3

Filing Fee: \$25.00