

L13 000153594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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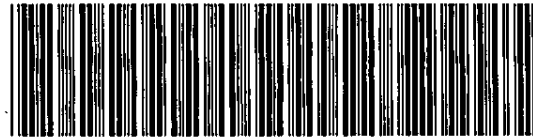
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Doragon Partners 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:

Joseph T. Telles

Name of Person

Doragon Partners LLC

Firm/Company

12773 W Forest Hill Blvd., Ste 105

Address

Wellington, FL 33414

City/State and Zip Code

jtelles@telles-accounting.com

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

For further information concerning this matter, please call:

Joseph Telles

Name of Person

at **561 784-0100**

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

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TALLAHASSEE, FLORIDA
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2010

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Doragon Partners 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 October 31, 2013 and assigned
Florida document number L13000153594.

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 end with 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)

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JACKSONVILLE, FLORIDA	

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 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>	<u>Type of Action</u>
MGRM	Kelly M. Levine	839 Walnut St Orlando, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	James J Costello, Jr	1010 Johns Point Dr Oakland, FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Haim CY Pizam	605 E Gore St Orlando, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Siobhan Wingfield	605 E Gore St Orlando, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ashley Bacot	5156 Keeneland Cr Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Anne C Miller	515 E Miller St Orlando, FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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>	<u>Type of Action</u>
MGRM	Morpheus Investments	1135 East Ave	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
MGRM	Santino Alonzo, Jr	1412 Johns Cove Lane	<input checked="" type="checkbox"/> Add
		Oakland, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 7, 2013



Signature of a member or authorized representative of a member

Jerel M Miller

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SUSAN E. JONES
TALLAHASSEE, FLORIDA