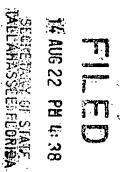
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

T. Burch AUG 2.6 2014

COVER LETTER

TO:

Registration Section Division of Corporations

THE DONALD COMPANIES 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:

Donald F. Light

THE DONALD COMPANIES LLC

Firm/Company

100 Bayview Drive Suite 2116

Sunny Isles Beach FL 33160

City/State and Zip Code

donaldfl1125@hotmail.com

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

For further information concerning this matter, please call:

Donald F. Light

267-1783 at (786)

Name of Person

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

| THE DONALD COMPANIES LLC | | |
|---|---|------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 03/13/2014 | | and assigned |
| Florida document number <u>L14000042596</u> | | |
| 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 | 7.5 |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | S) | |
| | | 66 22 PH |
| | | |
| Enter new mailing address, if applicable: | | FS 75 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 38 |
| | | |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, en | ter the name of the ne |
| registered agent and/or the new registered office address | <u>nere</u> : | |
| Name of New Registered Agent: | | |
| Thank of New Neglacied Agent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | enter r toriaa street adaress | |
| | , Florida | 7in 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| MGR | Donald F. Light | 100 Bayview Drive Suite 211 | 6 Add |
| | | Sunny Isles Beach FL 3316 | 60 ☐ Remove |
| MGR | PEREZ, IVANIA P | 100 Bayview Drive Suite 211 | 6 □ Add |
| | | Sunny Isles Beach FL 3316 | Remove |
| AMBR | Ivania P. Perez | 100 Bayview Drive Suite 211 | |
| | | Sunny Isles Beach FL 3316 | Remove |
| | | | 2 2 |
| | | | |
| | | | Remove |
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| | |
| Effective date, if other than the date of filing: (options (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) | |
| Dated August 12 2014 | |
| Land F. S. Shit. | |
| Signature of a member of authorized representative of a member | |
| Donald F. Light Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

ACEAHASSEEL FLORID