14000046807

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

/(O:	Registration Section
	Division of Corporation

	AIL DEVELOPMENT LLC		
SUBJECT:	Name of Lir	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	CARRIE CHRISTINO		
		Name of Person	
	SOHO CAPITAL LLC		
		Firm/Company	, , , , , , , , , , , , , , , , , , ,
	701 S HOWARD AVE S	ГЕ 106-322	
		Address	······
	TAMPA, FL 33606		
		City/State and Zip Code	
	CARRIE@SOHO-CAPITA		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
CHARLES BRUCK		813 335-9210	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOVETAIL DEVELOPMENT LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con Florida document number L14000046807	mpany were filed on 3-20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	···	
(Principal office address MUST BE A STREET ADDRE	<u></u>	=
		₩ SEC
		TARE OF THE
Enter new mailing address, if applicable:		O Y m
(Mailing address MAY BE A POST OFFICE BOX)	······································	og s
		- 77
B. If amending the registered agent and/or registe		records, enter the name of the ne
registered agent and/or the new registered office addre	ss nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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>	<u>Address</u>	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	□ Add
		STE 106-322	Remove
		TAMPA, FL 33606	Change
	····		Add
			☐ Remove
		 	Change
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ffective date, if other than t an effective date is listed, the date r	ne date of filin nust be specific an	d cannot be pri	or to date of fi	ling or more tha	(options n 90 days after fili	II) ng.) Pursuant to 6	05.02
ote: If the date inserted in this ocument's effective date on the	block does not	meet the app	licable statut	ory filing requ	irements, this da	ite will not be li	isted a
e record specifies a delay The 90th day after the r	ed effective of ecord is filed.	date, but r	not an effe	ctive time,	at 12:01 a.m	ı. on the ear	lier (
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Typed or printed name of signee

Filing Fee: \$25.00