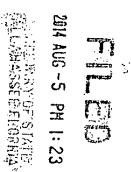
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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Во	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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AUG 0 6 2014 J. BRUCE COVER LETTER *

Division of Cor	porations			
SUBJECT:	AA Dooley	5ub, LLC.		
•	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ker	in Chavez		
		Name of Person		
		Firm/Company		
	3191 Co.	Address Sables, Fl. City/State and Zip Code Perry Co. to be used for future annual report notif	. 500	
		Address		
	Coral (Sables, Fl.	33145	
		City/State and Zip Code		
	Kchare	2 @ terry co.	COM ALIGATION)	100
	E-mail address: (to be used for future annual report notif	ication)	entario Canari
For further information of	concerning this matter, please c		\$\frac{1}{2}\$\fra	i i
Kevin	Chare 2	at (<u>786)</u> 55 Area Code Daytime	4-8277 E	
Name o	of Person	Area Code Daytime	Telephone Number	(April
Englosed is a check for t	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:

TO:

Registration Section

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

AA Dooley 5	Ub, LLC.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on <u>5-13-20</u>	2/4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	,	er the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	-
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I a ovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Maribel Campu		Add
<u>16R</u>	Abelardo E. Rivera	3460 NW 7 5+ Miami, Fl. 33121	RemoveAdd□ Remove
			Remove Remove AUG -5 dd H Remove
			Add

	N/A
	·
. —	
	
Tective of the effective of the date this	date, if other than the date of filing:
ated	7- 25 14
	K any
	- County
•	Signature of a member or authorized representative of a member
•	Signature of a member or authorized representative of a member **Levin Chave 2** Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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