L14000127837

| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number) | |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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| | gistration Seci ision of Corp | | • | | | | | |
|----------------|----------------------------------|--|---|---|--|--|--|--|
| est. | u s | | | | | | | |
| SUBJECT: | DOVRACK | LLC | | | | | | |
| SOBJECT: | | Name of Limi | ted Liability Company | | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are subr | nitted for filing. | | | | | |
| Please return | all correspon | dence concerning this matter t | to the following: | | | | | |
| | | Jonathan R. Rubin | | | | | | |
| | | | Name of Person | | | | | |
| | | Jonathan R. Rubin, P.A. | | | | | | |
| | | Firm/Company 9360 Sunset Drive, Suite 285 | | | | | | |
| | | | | | | | | |
| | | | Address | | | | | |
| | | Miami, Florida 33173 | | | | | | |
| | | | City/State and Zip Code | | | | | |
| | | jonrubin@jonathanrrubinpa | | ••• | | | | |
| | | E-mail address: (t | o be used for future annual report notific | eation) | | | | |
| For further in | nformation co | ncerning this matter, please ca | ıll: | | | | | |
| Jonathan R. | Rubin | | 305 598-7331 at () | | | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | | | |
| Enclosed is | a check for the | following amount: | | | | | | |
| □ \$25.00 F | 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

| DOVRACK LLC | | | : | |
|---|--|------------|--------------|---------------|
| (Name of the Limited Liability C (A Florida Lir | ompany as it now appears on our records.) nited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Com | pany were filed on August 13, 2014 | ar | nd assig | med |
| Florida document number L14000127837 | | | | |
| This amendment is submitted to amend the following: | | | : | |
| A. If amending name, enter the new name of the limited | l liability company here: | | • | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviati | ion "L.L | .c." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | 55) | | <u>:</u> | |
| | | | <u> </u> | |
| | | | <u></u> | |
| Enter new mailing address, if applicable: | | | - | |
| (Mailing address MAY BE A POST OFFICE BOX) | | in ir | _ <u>E</u> _ | |
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| | | 60 | - R D | See stories |
| B. If amending the registered agent and/or register | ed office address on our records, <u>ent</u> | er The n | anse o | f the new |
| registered agent and/or the new registered office address | s here: | . G | 1,50 | \$ |
| | | <u></u> | 6 | |
| 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 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------------------------|------------------------------|--|
| MGR | Laura Johnson | 313 Cedar Avenue, Apt. #4 | = Add |
| | | Snohomish, WA 98290 | □ Remove |
| | | | ☐ Change |
| MGR | Fernando Bodstein | 9360 Sunset Drive, Suite 285 | Add |
| | | Miami, FL 33173 | |
| | | | □ Change |
| | · · · · · · · · · · · · · · · · · · · | | d |
| | | | Remove |
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| shall be manager-managed. | | | | | | | | |
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| ffective date, if other than the di | te of filing | g: | rior to date o | f filing or more | opt than 90 days after | ional) er filing.) Pursuant | t to 605.0 | 207 |
| Note: If the date inserted in this block locument's effective date on the Department. | does not m | neet the app | olicable sta | tutory filing i | equirements, th | is date will not | be listed | as |
| localitical s criccity c date on the Dep | runent of 5 | tate s recoi | us. | | | | • | |
| e record specifies a delayed e | ffective d | late, but | not an e | ffective tin | ne. at 12:01 | a.m. on the | earlier | of |
| The 90th day after the recor | l is filed. | • | | | • | | | |
| November 14 | | 2016 | | | | | | |
| November 14 | , | 2016 | · | | | | | |
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Page 3 of 3

Filing Fee: \$25.00