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COVER LETTER

TO: Registration Sec Division of Corp		٠,	
District of Communications			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter to	o the following:	
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Tonathan R. Rubin Name of Person Downer L.L. Firm/Company Thank T. Mark T. L. Sin T. Sin T		
	Dova	Firm/Company	
			.0
	- Miami,	City/State and Zip Code	3
For further information co	oncerning this matter, please ca	.11:	
Tomathan Name of	R. Rulinh	at (305) 598 Area Code Daye	ime Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dovveck LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	8(13) 2014 and assigned
Florida document number <u>L14000127857</u> .	
Plorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	£ -;
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	r)
New Registered Office Address:	
Enter Fle	orida 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 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>	Address	Type of Action
MGR	Laura Johnson	1106 Pine Avenue	□Add
		Shohomish, WA 98290	DRemove
			Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			Remove
			□Change
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f an effe Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list tent's effective date on the Department of State's records.	5.0207 (ted as t
record d is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	er the
Dated ₋	05/26/2021	
	2-2-5	
	Signature of a member or authorized representative of a member	