L15000122316

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COVER LETTER

	Division of Cor			·		
SUBJECT	DOELLI,	LLC				
SUBJEC	·	Name of Lim	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please rett	um all correspo	ndence concerning this matter	to the following:			
		Scott Doellinger				
			Name of Person			
		DOELLI, LLC				
		Firm/Company				
		1200 NORTH FEDERAL	HIGHWAY STE 200			
			Address			
		BOCA RATON, FL 33432	2			
			City/State and Zip Code			
		Scott@doelli.com				
		E-mail address: (to be used for future annual report notific	ation)		
For further	r information c	oncerning this matter, please c	ail:			
Scott Doe	llinger		561 210-8319 at ()			
	Name o	f Person	Area Code Daytime	Celephone Number		
Enclosed i	is a check for th	ne 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

DOELLI, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000122316	Company were filed on July 16, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	City	daZip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I agent as provided for in Chapter 605, F.S red office address, I hereby confirm that t	I am familiar with and S. Or, ippis document is

If Changing Registered Agent, Signature of New Register

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	Rebecca Doellinger	1200 North Federal Hwy Ste-200	
		Boca Raton, FL 33432	Remove
			Change
<u></u>			Add
		······································	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Add
			☐ Remove
			Change
<u></u>			
			Remove
			TALLAHASSEE. FLORIDA
			Remove

☐ Change

Scott Doellinger is the sole manager having full decision making authority & control of day-to-	day opertions	s.
		
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ective date if other than the date of filing:	ınal)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after e: If the date inserted in this block does not meet the applicable statutory filing requirements, this ument's effective date on the Department of State's records.		
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