L15000140233

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COVER LETTER

	egistration Se ivision of Co			
SUBJECT		Donald Associates LLC		
SOBJECT		Name of Lim	ited Liability Company	
•				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Elizabeth Donald		
			Name of Person	
		Donald & Donald Associa	tes LLC	
			Firm/Company	
		5190 26th St W. Suite G		
			Address	
		Bradenton, FL 34207		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		elandow@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please co	all:	
Elizabeth l	Donald		941 321-3588 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for the	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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donald & Donald Assosiates LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on August 17th, 2015	and assigned
Florida document number L15000140233		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Donald & Donald Associates, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the new
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 Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and I ar is provided for in Chapter 605, F.S. C	n familiar with and br.tif this document is

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 = MS $AMBR = AS$	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			_ □ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
		<u> </u>	Remove
			□ Change
			(a) (b) (c) (c)
			Remove CF CF Change
			ORIGINATION TO Change

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