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(Re	questor's Name)	
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K. SALY EXAMINER MAY - 9

COVER LETTER

SUBJECT:		z DONALD ASSOCIATES, L	LC	
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		ELIZABETH DONALD		
			Name of Person	
			Firm/Company	
		5720 24TH ST. W		
			Address	•
		BRADENTON, FL 34207		
		 	City/State and Zip Code .	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	ill:	
ELIZABET	H DONALD		941 752-3260 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e 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

División of Corporations

TO:

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

2016 MAY - 6 PM 4 12

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DONALD & DONALD ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	many wars filed on 08/17/2015	and assigned
Florida document number L15000140233	pany were filed on	and assigned
Florida document number		
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		 -
		
B. If amending the registered agent and/or register	ed office address on our record	ds, enter the name of the new
registered agent and/or the new registered office address		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	Florida Zip Code
Num Dariet and America Circustant (C. 1997)	·	21р Соде
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com		
accept the obligations of my position as registered agen	t as provided for in Chapter 605,	, F.S. Or, if this document is
heing filed to merely reflect a change in the registered of	office address, I hereby confirm to	hat 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CFO	ISABEL DONALD	5203 7TH C E	□ Add
		BRADENTON, FL 34203	■ Remove
			☐ Change
Chief Inf	Dale Scott Ogilvie,	5190 26TH ST. W	Add
		BRADENTON, FL 34207	Remove
			Change
			Add ACCOMPANIES ACCOMPANIES
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native data if other than the	data of filing.	(a	- D
	be specific and cannot be prior to date		ng.) Pursuant to 605.02
te: If the date inserted in this blo ument's effective date on the Do	ock does not meet the applicable sta	ntutory filing requirements, this da	ite will not be listed a
amone 5 effective date of the De	partition of state s records.		
record enecifies a delayed	offective data, but not an a	effortive time at 12,01 a.m.	a an tha anglian
he 90th day after the reco	effective date, but not an e ord is filed.	mecuve ume, at 12:01 a.n	i, on the earner
ed APRIL 29	2016		
18	Anald Signature of a member or authorized re		
	7,00		

Page 3 of 3

Filing Fee: \$25.00