

L15000204148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

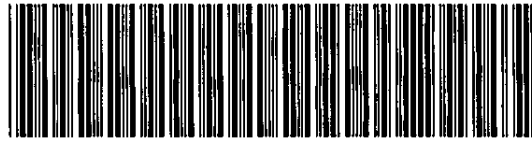
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292960252

12/08/16--01018--018 **25.00

FILED
2016 DEC - 8 P 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

DEC 09 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOOZY TECHNOLOGY L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIOGO BONI

Name of Person

DOOZY TECHNOLOGY L.L.C.

Firm/Company

55721 CAMDEN PARK DR

Address

WINDERMERE / FL - 34786

City/State and Zip Code

DB@DB4.COM.BR

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIOGO BONI

Name of Person

at (407)

Area Code

989-8810

Daytime Telephone Number

Enclosed is a check for the 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**

DOOZY TECHNOLOGY L.L.C.

(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 Company were filed on 12/07/2015 and assigned Florida document number L15000204148.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOOZY TECHNOLOGIES L.L.C.

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)

11721 CAMDEN PARK DR

WINDERMERE, FL - 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIOGO BONI

New Registered Office Address:

11721 CAMDEN PARK DR

Enter Florida street address

WINDERMERE

City

Florida 34786

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

FILED
JAN 07 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	DIOGO BONI	8063 TIBET BUTLER DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL - 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCELO GRIEBLER	14050 ISLA MORADA DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL - 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIO SODRE JR	7657 MOUNT CARMEL DR	<input type="checkbox"/> Add
		ORLANDO, FL - 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 FEB 19 PM 4:19
SECRETARY OF STATE
ALABAMA
FLORENCE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 11th, 2016

Signature of a member or authorized representative of a member

FABIO SODRÉ JUNIOR
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2018 DEC -8 P 4:13
SECRETARY OF STATE
TAMM
FLORIDA