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## **COVER LETTER**

Division of Corporations
SUBJECT: DONOY COMMUNIA  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:
Jayne Blyer  Name of Person  Donor Community  Firm/Company
3511 W. Commercial Blvd #404
Tt. Lauderdale, FC 33309  City/State and Zip Code  M13bys @ amail. Com  E8 5
E-mail (ddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:    Area Code   Daytime Telephone Number   Property   Propert
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

Son	orcommunit	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liab	and assigned    A	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
	submitted to amend the following:  ame, enter the new name of the limited liability company here:  e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  pal offices address, if applicable:  ddress MUST BE A STREET ADDRESS)  g address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  New Registered Agent:  istered Office Address:  Enter Florida street address  Florida	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
registered agent and/or the new registered offic	registered office address on our records	SEP -9 FN 5:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	SS
	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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** Howard S. Dvorkin 3511 W Commercial Blue ## 404
FH Lauderdale FL 33309 \*\* Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change 5 □ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00