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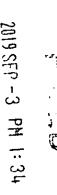
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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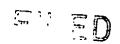


C. GOLDEN SEP 1 2 2019

COVER LETTER

TO:	Registration Se Division of Cor			
SHELL	DORADO	RA, LLC		
SUDJE	CI:	Name of Lin	mited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	indence concerning this matter	r to the following:	
		Robert Giacin EA		
			Name of Person	
			Firm/Company	
		3400 N. 37th Street		
			Address	
		Hollywood, Florida 33021	1-2520	
			City/State and Zip Code	
		bobg101@mindspring.com		
			(to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please c	call:	
robert A	Giacin EA		954 926-7714 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the	e following amount: T3 SE	CRETARY BE STATE	
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	Status &
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DORADORA, LLC

2019 SEP - 3 PM 1: ;

(Name of the Limited Lin	ability Company as it now appears on orida Limited Liability Company)	our records.)
(A FR	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on Jan 19	2016 and assigned
Florida document number L16000011540	·	•
This amendment is submitted to amend the following	3 :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	wiistered office address on our	
registered agent and/or the new registered office a	ddress here:	records, enter the name of the n
Normal of Nice Device of A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reel address
		, Florida
	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 to 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>	<u>Name</u>	Address	Type of Action
MGR	Dorene M. Collier, Trustee	6208 S. Russell Street, Tampa, FL	
		33611	
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			Change
			
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3 4 40 -2		August 16th, 2019			
ve date, if oth ective date is lister	er than the date of filing: , the date must be specific and ca	nnot be prior to date o	Ffiling or more than	(optional)	D.,
n me date inser	ed in this block does not mee	t the applicable stat	utory filing requir	ements, this date v	vill not be
ent's effective d	ate on the Department of Stat	e's records.			
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Page 3 of 3 so Filing Fee: \$25.00