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COVER LETTER

	Registration Se Division of Cor				
eun IEZ		rand Services, LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Linda Donnelly			
		Donnelly Brand Services, I	Name of Person		
		6780 Southern Oak CT	Firm/Company		
		Naples FL 34109	Address		
	City/State and Zip Code linda@donnellybrandservices.com				
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please ca	ıll:		
Linda Do			239 450-1551 at ()	Telephone Number	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ * \$25 :6	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

FILED

2019 JAN 10 PM 5: 41

Donnelly	Rrand	Services,	$\Box C$
DOMESTY	manu	DELVICES,	1,1,0

Services, 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 I	.iability Company	were filed on 2/03/2016	and assigned
lorida document number L16000023332			
his amendment is submitted to amend the following	lowing:		
a. If amending name, enter the new name	of the limited liab	ility company here:	
inda Donnelly, LLC		-	_
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDR <u>E</u> SS)	Same	
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICI</u>	E BOX)	Same	· · ·
3. If amending the registered agent and	l/am magnitutamed a	ffice address on our r	scords onter the name of the n
egistered agent and/or the new registered			ecords, enter the name of the b
Name of New Registered Agent:	Same		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Same		
New registered Office Address.		Enter Florida street	address
		City	Zip Code

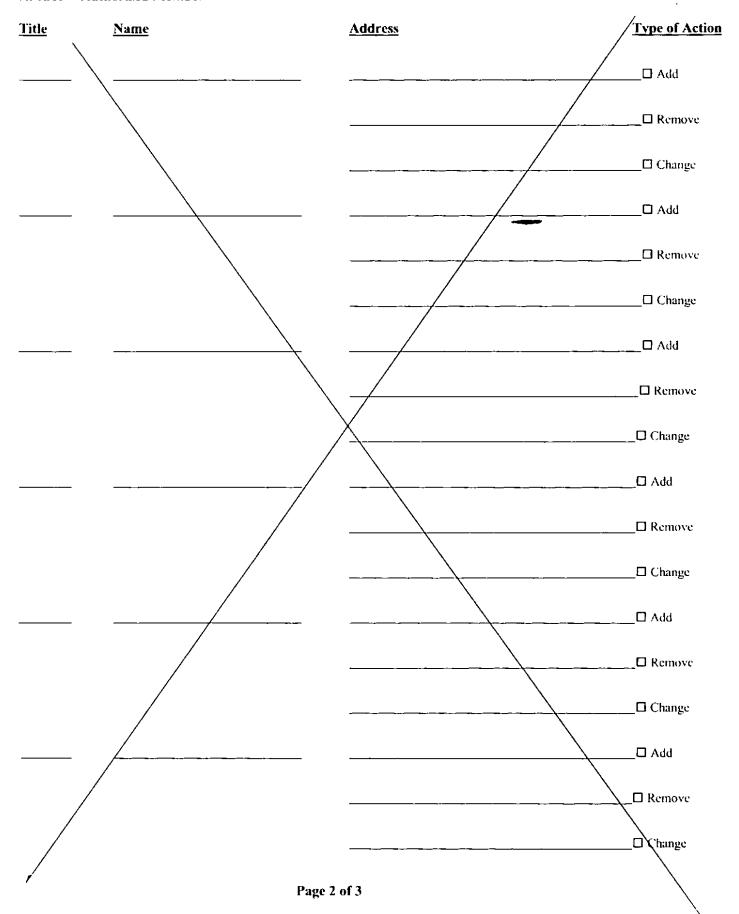
New Registered Agent's Signature, if changing Registered Agent:

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

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



f amending any other information, enter change(s) here	/ / / / / / / / / / / / / / / / / / /
	
	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) tible statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
nted=- 1/4/19	_··
· X Fluitz Daynel Signature of a member of author	rized representative of a member
Linda Donnelly	
	d name of signee

Page 3 of 3

Filing Fee: \$25.00'