## LILOUGE 28259

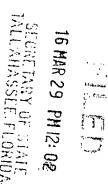
| questor's Name)   |  |
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| WAIT              | MAIL   |
| siness Entity Nan | ne)  |
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| _ Certificates    | s of Status  |
| Filing Officer:   |  |
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Office Use Only



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MAR 30 LUID J SHIVERS

## **COVER LETTER**

| TO: Registration Section Division of Corpor |   |   |   |
|---|---|---|---|
| CUBICCT.                                    | Dagda U   | C   |   |
| SUBJECT:                                    |   | ed Liability Company  |   |
|   |   |   |   |
| The enclosed Articles of Am                 | endment and fee(s) are subm   | nitted for filing.  |   |
| Please return all corresponde               | nce concerning this matter to   | the following:  |   |
|   | ER  | Ka Correa   |   |
|   |   | Name of Person  | <del></del>   |
|   |   | agda UC _   |   |
|   |   | Firm/Company  |   |
|   | 10193 NW  | ) 43rd TERR   |   |
|   |   | Address   |   |
|   | 100   | 2al FL 33178  |   |
|   |   | City/State and Zip Code   | •   |
| _   | Epika_c   | orrea@hotmai  | il·ean  |
|   |   |   | ication)  |
| For further information conc                | erning this matter, please cal  | 1:  |   |
| Erika                                       | COEREA  | at (786) 306 9  | 636   |
|   |   |   | <del></del>   |
| Enclosed is a check for the fo              | ollowing amount:  |   |   |
| \$25.00 Filing Fee                          | \$30.00 Filing Fee &<br>Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   |   |   |   |
|   |   |   |   |
| P.O. Box 6                                  | Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy |   |   |
| A 40.000 MODE                               | -, <del></del> -  |   |   |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Dodda UC  |   |           |
|---|---|-----------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | y as it now appears on our records.) ability Company)         |           |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L1600028289</u> .               | vere filed on 02 10 2016 and assigne                          | ed        |
| This amendment is submitted to amend the following:   |   |           |
| A. If amending name, enter the new name of the limited liabili  | ity company here:   |           |
| The new name must be distinguishable and contain the words "Limited Liability   | y 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)  |   |           |
|   | AR R  |           |
|   | 729<br>TAR<br>ASS   |           |
| Enter new mailing address, if applicable:   |   | ;         |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | .——-<br>] |
|   | RE OR   |           |
|   | >   |           |
| B. If amending the registered agent and/or registered offi<br>registered agent and/or the new registered office address here: |   | the 1     |
| Name of New Registered Agent:   |   |           |
| New Registered Office Address:  | Enter Florida street address                                  |           |
|   |   |           |
|   | , Florida   |           |

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

| <u>Title</u> | <u>Name</u>                            | Address             | Type of Action    |
|--------------|--|---------------------|-------------------|
| MGR          | Ezika Correa                           | 10193 NW 43rd TEER, | Doeal Fl33178 Add |
|              |  |                     | Remove            |
|              |  | ···                 | Change            |
|              | ************************************** |                     | Add               |
|              |  |                     | Remove            |
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| Hease   | add e   | = 37-1                                  | ID#T<br>803951       | 0 002                      | Records   | <u> </u>                            |
|---|---|---|----------------------|----------------------------|---|-------------------------------------|
|   |   |   |                      |                            |   |                                     |
|   |   |   |                      |                            | Z <sub>S</sub>                                      | · ·                                 |
|   |   |   |                      |                            | CAL WAY C   | 6 MAR 29 PH                         |
|   |   |   |                      |                            | FLORIOR   | 12 02                               |
|   |   |   |                      |                            |   |                                     |
| Effective date, if other fan effective date is listed, Note: If the date inserted document's effective date | the date must be spec<br>d in this block does | ific and cannot be<br>s not meet the ar | plicable statutory   | or more than 90 day        | (optional) ys after filing.) Pur ts, this date will | suant to 605.020<br>not be listed a |
| e record specifies a<br>The 90th day after  |   |   | not an effecti       | ve time, a <del>t 12</del> | <b>⊷</b> 1 a.m. on t                                | he earlier                          |
| Pared March.  |   |   | be last              |                            |   |                                     |
|   | Signatur                                      | e of a member or                        | authorized represent | ative of a member          |   | <del></del>                         |

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00