## L16000055881

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	DOVEEXPRI	ESSLLC		
		Name of Limit	ed Liability Company	<del></del>
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		TERRY JACKSON		
			Name of Person	<del></del>
			Firm/Company	
			Типьсоправу	
		650 S DICKEY ROAD		
			Address	<del> </del>
		AVON PARK, FL 33825		
			City/State and Zip Code	
		LLCDOVEEXPRESS@GM	AIL.COM	
		E-mail address: (to	be used for future annual report notificat	ion)
For further i	nformation con	cerning this matter, please cal	1:	
TERRY JA	CKSON		561 398-5634	
<del></del>	Name of P	erson	at () Daytime Te	lephone Number
Enclosed is	a check for the	following amount:		
<b>■</b> \$25.00 F	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)

TO:

**Registration Section** 

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

2816	F/L	ED
TALLAH	TARYOFE, F	ED PM 2:17
cords.)	SEE. K	ORIE

DOVEEXPRESS	SLLC JALLAHASSION 2:17
(Name of the Limited Liability Compa (A Florida Limited I	SLLC  Inv as it now appears on our records.)  Liability Company)  MAPCH 21, 2016
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000055881</u> .	were filed on MARCH 21, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Dove Express LLC	
The 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 applicable:	650 S DICKEY ROAD
(Principal office address MUST BE A STREET ADDRESS)	AVON PARK, FL 33825
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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 SELVIN BUSHAY	SELVIN BUSHAY	650 S DICKEY ROAD	□ Add
		AVON PARK, FL 33825	□ Remove
			☐ Change
AMBR SELVIN BUSHA	SELVIN BUSHAY	650 S DICKEY ROAD	Add
		AVON PARK, FL 33825	□ Remove
			☐ Change
<del>-1</del>			
		<del></del>	□ Remove
			APR
		APREI 8 PA 2: Innge	
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		□ Remove	
	***************************************	☐ Change	
			☐ Remove
			Change.

D. `If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
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	Tangaha I
	99 3 1 29 2
<del></del>	
(If an effective Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	,
-	Signature of a member of authorized representative of a member
	TERRY E. JACKSON

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Typed or printed name of signee

Filing Fee: \$25.00