

L16 000 138389

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06/25/20--01014--009 **

2020 JUN 26 PM 2:40
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Handwritten signature or initials

**TO: Registration Section
Division of Corporations**

SUBJECT: Dork Lord Entertainment LLC

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:

Caelan Alonge

Name of Person

Dork Lord Entertainment LLC

Firm/Company

5580 Fountain Lake Circle APT 307

Address

Bradenton, Florida 34207

City/State and Zip Code

caelan10g14@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caelan Alonge

703

498-9560

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Dork Lord Entertainment 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 Liability Company were filed on 07/15/2016 and
Florida document number L16000138389.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alonge LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the r
agent and/or the new registered office address here:**

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 co-
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 06/18/2020

Signature of a member or authorized

Signature of a member or authorized representative of a member

Caelan Alonge

Typed or printed name of signee