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(Ře	questor's Name)	
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COVER LETTER

TO:

	Registration Se Division of Cor				
SUBJEC	DOROTHY	Y BLANC LLC	· ·		
SOBJEC	.1	Name of Lin	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ALAIN RODRIGUEZ			
			Name of Person		
		ARCA ACCOUNTING			
			Firm/Company		
		14171 SW 156TH AVE			
			Address		
		MIAMI FL 33196			
			City/State and Zip Code		
•		ARCAACCOUNTING@H			
			to be used for future annual report not	fication)	
For furth	er information c	oncerning this matter, please c	all:		
ALAIN I	RODRIGUEZ		305 744-3886		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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 Addres	_	Street Address:		
	Registration S Division of C		Registration Section Division of Corporations		
	P.O. Box 632		The Centre of T		
•	Tallahassee, I	FL 32314		e Street Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOROTHY BLANC LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on and assigned
lorida document number L16000160343	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	020 TA
	8
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	57
	72
 If amending the registered agent and/or registered office addressent and/or the new registered office address here: 	ess on our records, enter the name of the new regist
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 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>	Name	Address	Type of Action
MGR	ALICIA INI	13727 SW 152ND ST STE 214	□Add
		MIAMI FL 33177	
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			□ Add
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Note:	ive date, if other ective date is listed, the If the date inserted ent's effective date	in this block doe	ific and cannot b s not meet the	be prior to da applicable	te of filing or n	oore than 90 days g requirements	after filing \ Dur	suant to 605.0207 (3) not be listed as the
he record ord is fil	d specifies a delaye ed.	d effective date, t	out not an effe	ctive time.	at 12:01 a.m.	on the earlier o	f: (b) The 90	th day after the
Dated _	DEC 2	<u> </u>	2020	·				
		Signatur	e of a member of	or authorized	Tenresentative	of a member		
		-9			op-esomative	or a memori		
	ALAIN RODE							