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## **COVER LETTER**

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SUBJE	ст: <u>Д</u> Е	DRT LLC	d Liability Company	
		Name of Editio	a Elability Company	
The enc	losed Articles	of Amendment and fee(s) are submi	tted for filing.	
Please r	eturn all corre	spondence concerning this matter to	the following:	
		Rose luz	DORT Name of Person	
			Name of Person	
		DORI LL		
			Firm/Company	
		4591 Pal	M BIOOKE Address	Ü.R.
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ror iuri	ner informatio	n concerning this matter, please call	:	•
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,		r the following amount:		
<b>E</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enci	Certificate of Status &

MAILING ADDRESS: 1

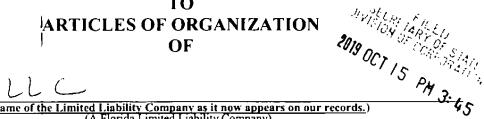
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

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



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 new registered agent and/or the new registered office address here:

ROSE JOR DUR J 3900 HOWER MIN BO Unit # 222791 Enter Florida street address

West Palm Begin, Florida 33422

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:

<u>or removed</u>	iroin our records.		,
$MGR \doteq N$ $AMBR = A$	lanager 54 Me authorized Member	MGR; Rose	lor Dort
Title .	Name	Address	Type of Action
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effe <u>te:</u>	tive date, if other than the date of filing: OCTOBER 3, 2 fective date is listed, the date must be specific and cannot be prior to date of filing or more that If the date inserted in this block does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605.0207
ume	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12:01 a.m. on the earlier of
ed´	-october 3, 2019.	
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Filing Fee: \$25.00