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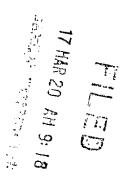
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2017

CHANTE DOVE 9838 OLD BAYMEADOWS RD #80 JACKSONVILLE, FL 32256

SUBJECT: DOVE SIGNING AND CONSULTING SERVICE, LLC

Ref. Number: L16000183331

We have received your document for DOVE SIGNING AND CONSULTING SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00004578

### **COVER LETTER**

TO:	Registration Se Division of Cor						
475187.5	DOVE SIG	NING AND CONSULTING S	SERVICE, LLC				
SUBJ	ECT:	NING AND CONSULTING S Name of Lim	ited Liability Company	1911 - 1924 - 1934 - 19			
		Amendment and fee(s) are sub	_				
		Chante - Lanet: Dove© - 1	<b>Frustee</b>				
			Name of Person				
		CHANTE LANET DOVE	TRUST				
Firm/Company							
		C/O 9838 OLD BAYMEADOWS ROAD, #80					
		Address					
		JACKSONVILLE, FLORI	IDA [32256] Non-Domestic				
		cldove720@gmail.com	City/State and Zip Code				
		Iz-mail address: (	to be used for future annual report notifi	leation)			
For fu	rther information co	meerning this matter, please or	all:				
Chant	te-L.:Dovc©		347- 274-4424				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	ne following amount:					
<b>=</b> \$2	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, Ft. 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

#### DOVE SIGNING AND CONSULTING SERVICE, 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 L Florida document number $\frac{\text{L}16000183331}{\text{L}}$	iability Company v	were filed on OC1	OBER 3, 2016	and assigned	ī.ī		
This amendment is submitted to amend the foll	owing:			HAR 20 PH	, , , , , , , , , , , , , , , , , , ,		
A. If amending name, enter the new name o	f the limited liabil	lity company here	:		-		
DOVE NOTARY AND SIGNING AGENT SERV	/ICE, LLC			, 13- , Q	1		
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the desig	gnation "LLC" or the abbrev	riation [L.L.C.			
Enter new principal offices address, if applic	able:						
(Principal office address MUST BE A STREE	ET ADDRESS)						
Enter new mailing address, if applicable:		9838 OLD BAYMEADOWS ROAD, #80					
(Mailing address MAY BE A POST OFFICE	BOX)	JACKSONVILLE,	FLORIDA				
		[32256] Non-Dom	estic				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		:	ur records, <u>enter the</u>	name of the n	<u>ew</u>		
New Registered Office Address:	8401 SOUTHSIDE BLVD, APT 210						
Tregane, ed office radiosy.	Enter Florida street address						
	JACKSONVILLE		Florida [32256] Non-Domestic				
		Cuy		Zip Code			
New Registered Agent's Signature, if changing I	Registered Agent:						
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as pr registered office c	verformance of my rovided for in Cha	duties, and I am fam. pter 605, F.S. Or, if t	iliar with and his document is	he		

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title <u>Name</u> <u>Address</u> MGR CHANTE L. DOVE 8401 SOUTHSIDVE BLVD, APT **■** Remove □ Change 8401 SOUTHSIDVE BLVD, APT Chanté-Lanet: Dove© MGR TTEE . ■ Add ☐ Remove ☐ Change □ Add 口 Ädd 禮 □ Kemox;

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