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D. SCOTT APR 2 8 2017

## **COVER LETTER**

	on of Corp			
SUBJECT:	Dogwood T	echnologies LLC		
Sebacer		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspon	idence concerning this matter	to the following:	
		Ross E. Statham		
			Name of Person	
		Dogwood Technologies LI	LC .	
		<del></del>	Firm/Company	<del></del>
		6795 Wirevine Dr		
			Address	
		Brooksville, FL 34602-755	57	
			City/State and Zip Code	
		rstatham@dogwood.net		78 A
		E-mail address: (	to be used for future annual report notificat	on)
For further info	rmation co	ncerning this matter, please ca	all:	影 2 三
Ross E. Statha	m		703 635-7363 at ()	
	Name of	Person	Area Code Daytime Te	ephone Number
Enclosed is a c	heck for the	e following amount:		•
\$25.00 Fili	ing 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dogwood Technologies LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000006670	were filed on 1/9/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6795 Wirevine Dr
(Principal office address MUST BE A STREET ADDRESS)	Brooksville, FL 34602-7557
Enter new mailing address, if applicable:	6795 Wirevine Dr
(Mailing address MAY BE A POST OFFICE BOX)	Brooksville, FL 34602-7557
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	, Florida

#### 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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must	late of filing:	f filing or more than 90 days after f	iling.) Pursuant to 605.0207 (
e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable stat	utory filing requirements, this	date-will not be listed as the
ument's effective date on the Be	farther of State's records.		第四
	offestive data but not an of	factive time at 13,01 a	
record specifies a delayed he 90th day after the reco	effective date, but not an ef	rective time, at 12:01 a.	m. on the earlier of:
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24 April	2017		등 <u> </u>
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1.1 C C #	· - 41.		Japan Company
1000 6 X10	Multiple Signature of a member or authorized rep		

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Filing Fee: \$25.00