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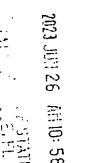
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COVER LETTER

то:	Registration Sec Division of Corp		e e ge	*
SUBJE	ct. Dock	sole Renta	15/16	t .
OODGI	.c.r. <u> </u>		nited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Anthony	Hermande 7. Name of Person	<u> </u>
		<u> </u>	New tous LIC Firm/Company	2
		1161 ma	2 Cron, St.	2673 JUN 26
		Morth By	City/State and Zip Code	#110: 58
		E-mail address: (to be used for future annual report notifi	
For fur	ther information cor	ncerning this matter, please ca	all:	
	Name of I	Hernandez	at (941) Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
X \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration So		Street Address: Registration Sec	tion
	Division of Co	rporations	Division of Corp	orations
	P.O. Box 6327		The Centre of Ta	allahassee Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dockside Kentals		
(Name of the Limited Liability Co (A Florida Lim	ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on	$\frac{3}{3}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	· <u>762</u>
	<u> </u>	
		2
Enter new mailing address, if applicable:		٠ : :
•••		
(Mailing address MAY BE A POST OFFICE BOX)		11 N
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	eet 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
Almbr.	Janet Hernandez		□Add
		1161 mcCron, St. North Po FL 34286	Y) Remove
			□Change
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ective date, if other than the date of effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior as not meet the applica			.) Pursuant to 605.020
cord specifies a delayed effective date, s filed.		me, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
ed to June 20	-, 2023	· ~'/		
		rized representativy of a me		

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