

L17000040155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

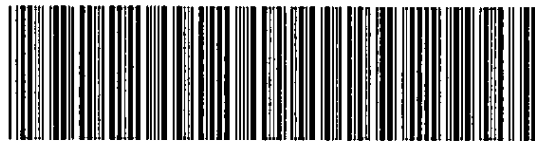
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700394361947

09/11/22-01119-011 11:29:11

2022 SEP 14 AM 10:31  
SECRETARY OF STATE  
ALABAMA DEPT. OF REVENUE

FILED

## 1 ?

2

**SUBJECT:**

Please return all correspondence concerning this matter to the following:

RANDY ROSA, ESQ.

GOLDMAN &amp; ROSA, P.A.

320 SE 18TH STREET

FORT LAUDERDALE FLORIDA 33316

randy@goldmanrosa.com

E-mail address: (to be used for future annual report notification)

RANDY ROSA                                  954      565-4311  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                        Area Code                       Daytime Telephone Number

☒ \$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)

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PANCH00606 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 Liability Company were filed on 02/20/2017 and assigned  
Florida document number L17000040155.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DOSFUTURE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**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:**

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 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 = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

\_\_\_\_\_ ☐ Add

[← Previous](#) [Next →](#) [Remove](#)

[Change](#)

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

 Change

☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

 Remove

