L17000077198

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· .
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900298672169

05/08/17--01045--005 **25.00

ZOII MAY -8 AN IO: 2:
SECRE FARY OF SIAIL

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dodavah R & LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leren Pupo Fosada Name of Person
Dodavah RAK LLC Firm/Company
3950 W 12th Ave, Hialean Fl
Higleah, FL 33127 City/State and Zip Code
Keren Pla amail Com E-mail Iddress: (to be) sed for future annual report notification)
For further information concerning this matter, please call:
Keren Pupo Josada at (305) SO9-1202 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) - \$\Bigcup \\$55.00 Filing Fee \& 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

Dodavah I	28K, LLC	,
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L170000771</u>		7 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		ZIII, HAY -8 AM IO: SECRETARY OF SIJ
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the hart of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<i>;</i>	, Florida	Zip Code
	Cny	rap Coue

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> Address **Type of Action** <u>Name</u> Keren Pupo Josada ☐ Remove ☐ Change _□ Change _□ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add

☐ Remove

☐ Change

·	FEI/EIN	Num ber	: 82.	13339	975		
	,						
				74			
					• •		
		·····					
			 · · · · · · · · · · · · · · · · · ·				 -
	,		• • • • • • • • • • • • • • • • • • • •				
			 				
							_ ·
							 _
							
an effect lote: If	e date, if other than the ive date is listed, the date in this the date inserted in this the date on the	nust be specific and can block does not meet	not be prior to date the applicable st			ng.) Pursuant to (
	rd specifies a delaye Oth day after the re		e, but not an	effective time	e, at 12:01 a.m	n. on the ear	rlier of
The 9	5/3/201	}, _	 ·			TA S	201
The 9	5/3/201	7, _ .Ka	Mag.			SEUR TALLA	2017, HJ
The 9	5/3/201-	Signature of a man	100 ber or authorized i	representative of a	member	SEURETA TALLAHAS	2017, HAY -
	5/3/201-		Joseph Pupo ped or printed name	representative of a	member	SEURETARY I TALLAHASSEI	2017, MAY -8 AM 10: 23

Page 3 of 3

Filing Fee: \$25.00