K17000081320

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TO:

Registration Section
Division of Corporations

	nsulting LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Steven Dovale		
		Name of Person	
	WATSON CONSULTING	G LLC	
	_	Firm/Company	
	1025 N Ridgewood Ave		
	-	Address	
	Deland, FL 32720		
		City/State and Zip Code	2022 FEB 18
	steven@dovalerealty.com		2FE
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Steven Dovale		407 832-0371	Telephone Number
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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 Addres Registration S	Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee. 1	FL 32314		Street, Suite 810

Tallahassee, FL 32303

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

ARTICLES OF O		and assigned
WATSON CONSULTING LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	2.5
The Articles of Organization for this Limited Liability Company	were filed on 4/11/2017	and assigned
Florida document number L17000081320		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DOVALE REALTY LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l
	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>	Type of Action
AMBR	TRACEY ANN GILBERT	1025 N RIDGEWOOD AVE	☐Add
		DELAND, FL 32720	Remove
			□Change
			🗀 Add
		-	□ Remove
			□Change
			□Add
			□Remove
			□Change
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	March 21, 2022
(If an effectiv <u>Note:</u> If the	late, if other than the date of filing: March 31, 2022 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
FEE Dated _	RUARY 14 2022
	Signature of a member or authorized representative of a member
	STEVEN DOVALE
	Typed or printed name of signee

Filing Fee: \$25.00