

L17000098208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

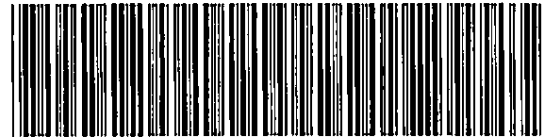
(Business Entity Name)

(Document Number)

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18 AUG - 2 16:18:24

T. CLINE
AUG - 8 2018
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dodson Composite Works LLC.
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:

Lisa Seldat
Name of Person
DCW Distinctive Composite Works
~~Dodson Composite Works~~ LLC.
Firm/Company

7523 Regents Garden Way
Address

Apollo Beach FL 33572
City/State and Zip Code

lisa.seldat@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Seldat at (813) 407-2426
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

18 AUG - 2 PM 8:24

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

18 AUG - 2 11:28:24

Dodson Composite Work 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 05/03/2017 and assigned Florida document number L17000098208

This amendment is submitted to amend the following:

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

DCW Distinctive Composite Works 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)

7523 Regents Garden Way
Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~7523 B~~
P.O. Box 2934
Riverview, FL 33568

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

