## 117000120747

(Re	questor's Name)	
(Ad	dress)	,
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

TO: Registration S Division of Co			
Linda Lee	Doan LLC		
	Name of Lim	ited Liability Company	<u>.                                      </u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert L Wenzel		
		Name of Person	
	Robert L. Wenzel CPA		
		Firm/Company	
	2075 Fruitville Road #200		
		Address	<del></del>
	Sarasota FL 34237		
		City/State and Zip Code	<del></del>
	wenzelcpa@gmail.com E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Robert L. Wenzel		941 953-7777 at ( )	
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linda Lee Doan LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lify Company)
ne Articles of Organization for this Limited Liability Company wer	re filed on June 2, 2017 and assigned
orida document number L17000120747	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability	company here:
nda Le Doan LLC	
e new name must be distinguishable and contain the words "Limited Liability C	· ·
ter new principal offices address, if applicable:	<u> </u>
incipal office address MUST BE A STREET ADDRESS)	Cont. The
	တ်
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of th
New Registered Office Address:	Enter Florida street address
•	, Florida

## 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>	Address	Type of Action
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			□ Remove
			Change
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If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	June 6, 2017  (optional)  ctive date, if other than the date of filing:  ctive 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 605,020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
he reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	June 6, 2017.
	Robert 1. Wengel. CPA  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Robert L Wenzel CPA

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Filing Fee: \$25.00