

L17000121438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

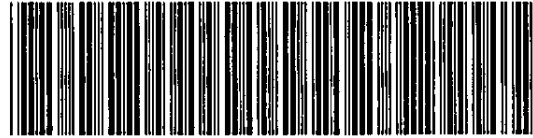
(Business Entity Name)

(Document Number)

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2018 APR 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

APR 25 2018
J CHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Douglas Main Securities 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:

James Xilas
Name of Person

Firm/Company

1830 Oak Creek Drive
Address

Dunedin, FL 34698
City/State and Zip Code

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

For further information concerning this matter, please call:

James Xilas at (727) 784-7695
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

James Xilas
1830 Oak Creek Drive
Dunedin, FL 34698
Email: jgxilas@yahoo.com

April 20, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LLC Name Amendment

To Whom It May Concern:

I am submitting an amendment for a name change of an LLC. The current name is Douglas Main Securities, LLC. The FL document number is L17000121438.

The new name or amended name will be

Albert Douglas, LLC.

All other aspects of the LLC will remain the same.

Thank you.



James G. Xilas

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

N/A

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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2018 APR 24 PM 2:00
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 20, 2018

Signature of a member or authorized representative of a member

James G. Xilas

Typed or printed name of signee