117000158405

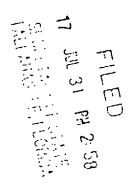
| (1 | Requestor's Name) |
|----------------------|-------------------------|
| | Address) |
| (1 | Address) |
| (1 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| (| Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer; |
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Office Use Only



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D SCOTT AUG 3 2017

COVER LETTER

| TO: Registration Section Division of Corpora | | | | | |
|---|--|---|--|-------------|--------------|
| SUBJECT: The I | Snok fathe | a ILC | , | | |
| SUBJECT: (YOU AL | Name of Limit | ed Liability Company | , | | |
| | | | | | |
| The enclosed Articles of Amer | ndment and fee(s) are subm | nitted for filing. | | | |
| Please return all corresponden | ce concerning this matter to | o the following: | | | |
| | James E | Hollow Name of Person | pay Jr. | | |
| - | The Dock | fathur Firm/Company | , LLC | | |
| | PO BOX 3 | 38351 | | | |
| _ | | Addr e ss | | | |
| _ | Port Craudockimoth | nge, 71 | 32123 | - · · · | |
| | -A-a-kina 11 | City/State and Zip (| Eode | _ | |
| | F-mail address: (to | be used for future ar | nual report notification) | \triangle | |
| For further information concer | · | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | · · |
| Nichole Ha Name of Pers | ynes | at (386 Area Code | Daytime Telepho | one Number | ELEL ELSI |
| Enclosed is a check for the fol | lowing amount: | | l | | M 2:58 |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Certified Cop (additional copy | ģy | Certified C | of Status & |
| Registration | Corporations | Reg Divi Cliff | REET/COURIER AD istration Section ision of Corporations ton Building | | |
| Tallahassee, | FL 32314 | 266 | 1 Executive Center Cir | cle | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| Ihe Dockfather | |
|--|--|
| (Name of the Limited Liability Company as (A Florida Limited Liability | it now appears on our records.) ry Company) |
| The Articles of Organization for this Limited Liability Company were Florida document number 127000 158405 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability of | company here: |
| The new name must be distinguishable and contain the words "Limited Liability Co | mpany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| نب | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| 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: | <u> </u> |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida S |
| | City Zip Code 🥳 |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addr | ded for in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$ | anager uthorized Member | | | |
|--------------------|----------------------------|---------------|-------------|-------------------|
| <u>Title</u> | Name | Address | | Type of Action |
| M6R | James E. Holloway, | Jr. 10 | Heming Ave. | 🗗 Ādd |
| | · | | | □ Remove |
| | | | | Change |
| | | | | |
| | | | 1 | Remove |
| | | | | Change |
| | | | | |
| | | | | ☐ Remove |
| | | | | Change |
| | | | | Add |
| | | | | Remove Change |
| | | - | | بسيدا المساد |
| | | | | □ Add 2. □.Remove |
| | | | | Change |
| | | | | |
| | | ···· | | □ Remove |
| | | | | ☐ Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| James E. Holloway, It is the owner operator |
| however Nichole Haynes is our |
| Registered Agent. Please advise that |
| James should show as such when |
| over entity is searched for |
| ove serging is searched for. |
| |
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| |
| 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. |
| 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 $\frac{7}{27}$ $\frac{27}{2017}$. |
| Jaleu January Carlos Ca |
| Signature of a member or authorized representative of a member |
| Michale Hounes - Registered Agent |
| Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25,00