

L17000165909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

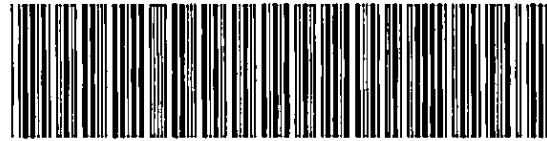
(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 27 AM 4:55

RECEIVED

NOV 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

HENRY DOSTER
214 HOLLIS AVE
PANAMA CITY, FL 32401

SUBJECT: DOSTER VENTURES LLC
Ref. Number: L17000165909

We have received your document for DOSTER VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00020831

Correct application is attached.

Best regards,

Henry J. Doster

2017 NOV 27 PM 12:34
MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Doster Ventures 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:

Henry Clay Doster

Name of Person

Doster Ventures LLC

Firm/Company

214 Hollis Ave.

Address

Panama City, FL 32401

City/State and Zip Code

henrydoster@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry C. Doster

Name of Person

at (850)

Area Code

319-3993

Daytime Telephone Number

Enclosed is a check for the following amount:

N/A (already paid)

☐ \$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

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17 NOV 27 PM 4:55

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

Doster Ventures 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 Aug. 3, 2017 and assigned Florida document number L 17000165909

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

Henry C. Doster

New Registered Office Address:

214 Hollis Ave.

Enter Florida street address

Panama City

City

Florida

32401

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.

Henry C. Doster
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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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17 NOV 2014 11:55 AM
ACTION

FILED

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

N/A

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17 NOV 27 PM 4:56

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

November 24, 2017

Signature of a member or authorized representative of a member

HENRY C. DOSTER

Typed or printed name of signee