## L17600189655

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	Realty, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are submitted			
•	Dorthea Faxon			
		Name of Person		
		Firm/Company		
	11538 Green Bayberry Dri	ve		2021
		Address	100	2021 KAR II PM 2: 10
	Palm Beach Gardens FL, 3	3418	3,12	II PH 2
		City/State and Zip Code		P. (
	doryfaxon70@gmail.com  E-mail address: (	to be used for future annual report not		· · · · · · · · · · · · · · · · · · ·
For further information c	oncerning this matter, please c		171	ب
Dorthea Faxon		401 965 - 7530		
	f Person	at ()Area Code Daytin	ne Telephone Number	-
Enclosed is a check for the	ne 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 For Certificate of S Certified Copy (additional copy is	itatus &
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations	
Tallahassee,		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dory Faxon Realty, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000189655	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Dorothea R. Faxon, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		2021 FAR
(Mailing address MAY BE A POST OFFICE BOX)	v.	
(Mailing address MAT BE A POST OFFICE BOX)		<u> </u>
		is a
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	, Fiorius	Zip Code
Nam Bosistered Agent's Signature of changing Registered Agent	- 	

## 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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	<u> </u>		
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n effective date is listed, the date te: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to block does not meet the applicate Department of State's records.	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	int to 605.02 it be listed t
ecord specifies a delayed effe is filed.	ctive date, but not an effective ti	me, at 12:01 a.m. on the c	arlier of: (b) The 90th	day after th
January 1	, 2021			
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Filing Fee: \$25.00