

L17000 228410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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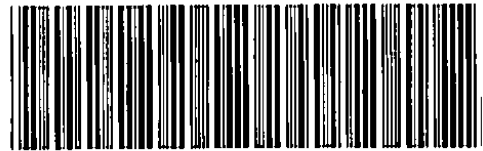
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FL

OCT 02 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dowell Family Group FL1 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hetal B. Patel

Name of Person

Firm/Company

421 Amalurra Trail

Address

St. Johns, Florida 32559

City/State and Zip Code

bpatel@evanienterprise.com

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

For further information concerning this matter, please call:

Bobby Patel

904

509-9102

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**

Dowell Family Group FL1 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 11/3/17 and
Florida document number L17000228410.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

421 Amalurra Trl

St Johns, Florida 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

421 Amalurra Trl

St Johns, Florida 32259

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Hetal B Patel

New Registered Office Address:

421 Amalurra Trl

Enter Florida street address

St Johns, Florida

Florida 32259

City

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.

Hetal B Patel

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
Mgr _____	Michael S Dowell <u>Remove this Person</u>	1840 Misty Morn Place Longwood, Florida 32779 _____ _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
Mgr _____	Michael S. Dowell II <u>Remove this Person</u>	1840 Misty Morn Place Longwood, Florida 32779 _____ _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
Mgr _____	Hetal B Patel <u>Add Person</u>	421 Amalurra Tri St. Johns, Florida 32559 _____ _____	<input checked="" type="checkbox"/> <input type="checkbox"/>
_____	_____	_____ _____	<input type="checkbox"/> R <input type="checkbox"/> C
_____	_____	_____ _____	<input type="checkbox"/> A <input type="checkbox"/> R
_____	_____	_____ _____	<input type="checkbox"/> C <input type="checkbox"/> A
_____	_____	_____ _____	<input type="checkbox"/> R <input type="checkbox"/> C
_____	_____	_____ _____	<input type="checkbox"/> A <input type="checkbox"/> R
_____	_____	_____ _____	<input type="checkbox"/> C

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Dated September 16, 2019

Michael S. Dowell

Typed or printed name of signee