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| (Madicas) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | TO: Registration Section Division of Corporations | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| | SUBJECT: Bonners Dozier & Hawling, L.C. Name of Limited Liability Company | | | | | | | |
| ı | The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | | | |
| | Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Sirena Martin | | | | | | | |
| | Bonners Dozier & Hawling, LLC | | | | | | | |
| | 1602 Governors Drive Apt. 2721 | | | | | | | |
| | Pensacola, R 32514 | | | | | | | |
| | Martin Sirena and Zip Code E-mail address: (to be used for future annual report notification) | | | | | | | |
| | For further information concerning this matter, please call: | | | | | | | |
| | Sirena Martin at (850) 293-2608 Area Code Daytime Telephone Number | | | | | | | |
| Name of Person Area Code Daytime Telephone Number | | | | | | | | |
| | Enclosed is a check for the following amount: | | | | | | | |
| | \$25.00 Filing Fee Solutional copy is enclosed Solutional C | | | | | | | |
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Monners Dozier + | Hawing LLC | |
|---|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | 2020 |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L180000148</u> 43 | were filed on | and assigned 29 |
| This amendment is submitted to amend the following: | | AH CO |
| A. If amending name, enter the new name of the limited liab BONNEYS DOZIEV LLC | | 55 |
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 1629 Lepley S Persacola, Pl | 12534 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1402 Governor's Apt. 2721 Persacola PC ? | Drive |
| 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 n | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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.

*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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| fan effective date is Note: If the date | other than the da listed, the date must be inserted in this bloctive date on the Dep | specific and cannot does not meet the | e applicable statu | Hing or more than 90 | (optional) - days after filing.) Pursu ments, this date will no | ant to 605.0207 of be listed as |
| e record specifies rd is filed. | a delayed effective o | late, but not an eff | fective time, at 12 | :01 a.m. on the car | lier of: (b) The 90th | day after the |
| Dated 4 - | 24 | <u></u> . <u>2</u> | 020 | | | |
| | Jun | - 1/20m | er or authorized ren | resentative of a mem | her | |
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Filing Fee: \$25.00