## 118000073578

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## **COVER LETTER**

Division of Co			
Double E	Dewey's LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing."	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicholas J. Taldone		
		Name of Person	
	Law Offices of Nicholas	J. Taldone	
		Firm/Company	
	9020 Rancho del Río Dr	ive Suite 101	
		Address	
	New Port Richey Florid	a 34655	
	taldonelaw@msn.com	City/State and Zip Code	<del>.</del>
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
Nicholas Taldone		727 375-0390	
Name	of Person	at () Area Code ————————————————————————————————————	me 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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Double Dewey's LLC

2018 SEP 10 PM 5: 00

(Name of the Limited Liability Company as it now appears on our records) AAY OF STAT (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on March 21, 2018 and assigned Florida document number \_\_\_\_\_L18000073578 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amanda Hall	6743 Ablemarle Parkway	
		N. B. (5) (1) (5)	
		New Port Richey FI 34653	■ Remove
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			☐ Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	<u>SEPTEMBER 5</u> . 2018.
	SEPTEMBER 5. 2018  Elizabeth Hall member of authorized representative of a member
	ELIZABETH HALL MEMBER Typed or printed name of signee

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Filing Fee: \$25.00