

L18000 101949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

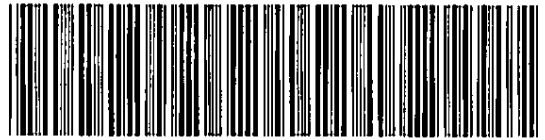
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 AM 8:57

N COOPER

MAY 31 2018

COVER LETTER

FILE # _____
Registration Section
Division of Corporations

SUBJECT: _____
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:

Name of Person

Firm Company

Address

City/State/Zip

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

For further information concerning this matter, please call.

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$_____
Certificate of Status

☐ \$_____
Certified Copy

☐ \$_____
Certificate of Status & Certified Copy

☐ \$_____
Additional copy is enclosed

MAILING ADDRESS:
Registration Section
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32301

REGISTERED MAIL ADDRESS:
Registration Section
DIVISION OF CORPORATIONS
Clifton Building
2001 EXECUTIVE CENTER DRIVE
Tallahassee, FL 32301

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

ADORY DROWIE SERVICES 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 4-23-2018 and assigned
Florida document number 1100000101949.

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)

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**If amending the registered agent and/or registered office address, fill out and record each the blank in 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

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I, _____, being duly sworn, depose and say that I am a resident of the State of Florida, and I am familiar with and
understand the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
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

Title	Name	Address	<u>Type of Action</u>
MGR	Andrew Scott Brown	5986 Jandon Court	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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

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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

5/24/18

1/24/18
Frederick P. Bowers
Signature of a member or authorized representative of a member

Andrew Scott Brown

Typed or printed name of signer