# L18000 114741

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(Business Entity Name)	07/29/20-~01
(Document Number)	
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Registration Section Division of Corporations

TO:

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James A. Cioffi Esq.			
		Name of Person	<del></del>	
	Cioffi Law PA			
		Firnt/Company		120
	Name of Person  Cioffi Law PA  Firm/Company  250 Tequesta Dr Ste 200  Address  Tequesta, FL 33469  City/State and Zip Code deb@debdoherty.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (			
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	2
	Tequesta, FL 33469			ر هست
		City/State and Zip Code		رب
	deb@debdoherty.com	,	. •	
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
James A Cioffi				
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	<b>⊘</b> \$30.00 Filing Fee &	Certified Copy	Certificate Certified C	of Status & Copy

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deborah Doherty Solutions, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on May 7, 2018 and assigned
Florida document number L18000114741	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Deb Doherty & Associates, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	· 
Enter new mailing address, if applicable:	÷
(Mailing address MAY BE A POST OFFICE BOX)	į Č
<del></del>	
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the new register
agent and/or the new registered office address here:	
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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			ПСточе
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Note: I	ve date, if otherive date is listed in the date inseent's effective	rted in this blo	ck does not m	eet the applic	able statutory	or more than 90 c	_ (optional) lays after filing.) Pur ents, this date will	suant to 605.0207 not be listed as
record d is file		layed effective	date, but not	an effective ti	ime, at 12:01 a	.m. on the earli	er of: (b) The 90	th day after the
Dated .	July 27	7		2020				
, u.c.u _	V	Mil	Doh	Wen	_ <del>_</del> ·			
		<del>~~~</del>		-		ative of a membe	<del></del>	<del></del>

Typed or printed name of signee