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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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07/12/19--11111 - ----11111



COVER LETTER

SUBJECT:) A - DO - YO" LL	C "	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	SANG	H VO Name of Person	
	DA - DO-	VO LLC Firm/Company	
		Firm/Company	
		Beach BIVd	
	JACKSONVI	The Florida 3 City/State and Zip Code electric. Com to be used for future annual report noti	7246.
	Co adora	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	ncerning this matter, please co		
Surg Name of	11 VO	at (<u>904</u>) <u>707 -</u> Area Code Daytim	2498 e Telephone Number
		,	- Comme
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

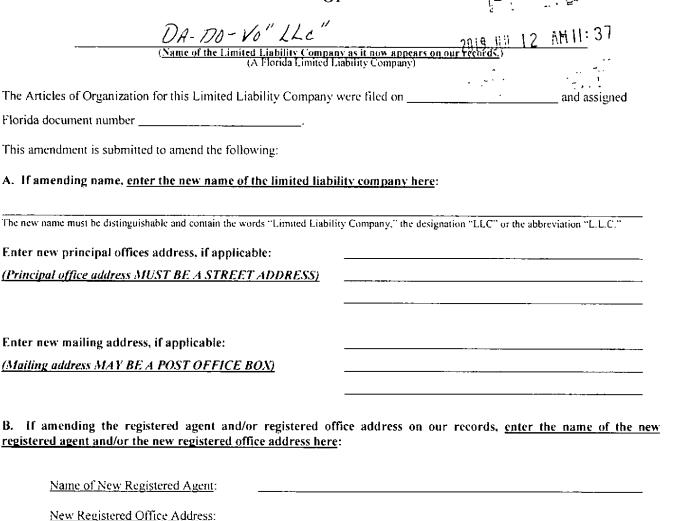
TO:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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.

Enter Florida street address

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>MGR</u>	JEFFREY D SciTT	3926 CHICORA WOOD PLACE	e 12 Xdd
		JACKSONVIlle FL 32224	, □ Remove
			☐ Change
MGR	JOAN M Scott	3926 CHICORA WOOD PLA	1CEB Add
		JACKSONVIlle FL 32224.	□ Remove
			Change
			D Add
			Remove
			🗆 Сћапде
			Add
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			Change

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Remove

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reffe <u>te:</u>	We date, if other than the date of filing: $07/09/2019$. (optional) crive date is listed, the date must be specific and cannot be prior to flate of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ed _	07/09/2019 2019
	Signature of a member or authorized representative of a member
	1 1