# 1190000 17290

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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R. WHITE AUG 1 6 2019 2019 E 12 PH 3: 10

### **COVER LETTER**

TO: Registration Section Division of Corpora		•		
SUBJECT: DOT	-a G Con-	tractors to ted Liability Company	LC	
The enclosed Articles of Ame	ndment and fee(s) are sub-	nitted for filing.		
Please return all corresponden	ice concerning this matter t	o the following:		
-	Gloria	Alon50 Name of Person		
-	Dorta	G Contra Firm/Company	ctors	LLC
-	8240	SW 164 Address	Terr	
_	Miami Lilye	City/State and Zip Code  LFCPA, C	•	
For further information conce		o be used for future annual re II:	eport notification	)
Glona A Name of Pers	lonso son	at ( <u>305</u> )	970 50 Daytime Telepl	990 hone Number
Enclosed is a check for the fol	Howing amount:			
□ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

DOR+A G	Contractors	2019/17/2012/13:10
(Name of the Limited Liab	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 19000173	Company were filed on JAN	15, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida 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 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 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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kayla M. Hankerson	1 8240 SW 164 Ferr	Add
l	'	1 8240 SW 164 Terr Miami Fl 33157	□ Remove
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•	
ffect	ive date, if other than the date of filing: JANUARY 15, 2019 (optional)
an ef	fective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	ient's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	August 8 2019.
ated	$\frac{1109051}{2}$
	()
	Siona Viale
	Signature of a member or authorized representative of a member
	Gloria L. Alonso
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00