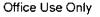
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(Requestor's Name)
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AUG 0 4 2020 S. YOUNG

COVER LETTER

	Registration Se Division of Cor		. • • •	
and mark	Dovetail G	roup LLC		
SUBJEC	·:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Matthew Pennington		
		<u> </u>	Name of Person	
		Dovetail Group LLC		
			Firm/Company	
		134 13th St		
			Address	
		St Augustine, FL 32080		
			City/State and Zip Code	
		hannah@dovetailgroupco.c	om to be used for future annual repo	set matification)
For furthe	r information c	concerning this matter, please c		
Hannah S	Shearer		904 537-6	169
	Name c	of Person	at () Area Code = F	Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
[]		Section Forporations		on Section f Corporations
	P.O. Box 631	27	The Centre	e of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOVETAIL GROUP 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 $\frac{1/16/2019}{1}$ Florida document number ______L19000017848 c 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 reg 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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.

Ciny

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Sean Forrest	56 Saragossa St	= Add
		56 Saragossa St St. Augustine, FL 3204	☐Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<u> </u>	□Add
		. <u> </u>	□Remove
			□Change

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Iffective date, if other than the date must have date is listed, the date must have the late in this blocklocument's effective date on the Dep	be specific and cannot be prior to dank does not meet the applicable	ate of filing or more than 90 days aff	
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
June 15	2020	7 4	
June 15 Dated	ignature of a member or authorized	<i>M</i>	_

Filing Fee: \$25.00