L19000125973

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600330844216

06/20/19 010/3--011 **25.00

2019 JUN 20 Mil 10: 1 C

 \mathcal{M}

JUL 0 8 2019

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOC DOES IT RIGHT LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
120BEAT SUTTON
DOC DOES IT RICHT LLC
1616 CAZBONDALE DR N
THE KSONVILLE, I-L 32708 City/State and Zip Code LO21 PINO ATT. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 879 - 2053 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOC DOES IT	RIGHT LLC				
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)				
The Articles of Organization for this Limited Liability Con	npany were filed on 5/9/2019 and assigned				
Florida document number <u>L19000125973</u>	, , , , , , , , , , , , , , , , , , ,				
Florida document number <u>L1 1000123 113</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
MILA					
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	$\frac{\mathcal{L}}{\mathcal{L}}$				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	N/A E U				
	<u>/;</u>				
	-				
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new				
registered agent and/or the new registered office address					
_					
Name of New Registered Agent:	BERTA SLITTON JR				
New Registered Office Address: College CAP BONDALE D2 N Enter Florida street address Tack Sontice Florida 32208					
Enter Florida Sireel didaress					
	KSONYICCE, Florida 32208				
	City Zip Code				
New Registered Agent's Signature, if changing Registered A	Agent:				

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 <u>Address</u> Type of Action <u>Title</u> Name □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _ 🗆 Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change \square Add □ Remove

☐ Change

			
<u> </u>			
i. Effective date, if other than the date of fit (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	not meet the applicable stat	filing or more than 90 days after fi utory filing requirements, this c	ial) ling.) Pursuant to 605.0207 (3) late will not be listed as the
the record specifies a delayed effective. The 90th day after the record is file		fective time, at 12:01 a.	m. on the earlier of:
Dated			
Te.	of a member or authorized rep		
Signature	of a member or authorized re-	presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00