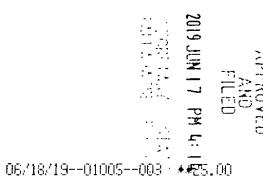
(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T GLASS JUN 17 2019

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
SUBJECT: Daug	las Southern Name of Lim	LLC 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:		
For further information c	DOUGLAS SO 326 BROOKLIN	Address  Act, F 32118  City/State and Zip Code  will Common to be used for future annual report notif		FILED
BRAXTON D	HICKS	at (334) 714	- 8836	
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne 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)	
Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donales Southern	(lc		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
	, , ,	. /	
The Articles of Organization for this Limited Liability	y Company were filed on	5/0/2019	and assigned
Florida document number <u>L 1900132739</u>	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the do	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<b>m</b>		
(Principal office address MUST BE A STREET AD	DRESS)	:-	100
<del></del>		 	<u> </u>
Enter new mailing address, if applicable:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
*		· · · · · · · · · · · · · · · · · · ·	. = -
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
			. •
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	BRAKTON D. HICKS	326 BROCKLINE ALE	Dodd
		DAYTONA BEACH, FC. 3	ZNY - Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of fi te: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursu	iant to 605.02 ot be listed
nument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.		ie earlier
ed 06/17/2019  Brown D June  Signature of a member of authorized repre		
0 / 10 //		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00