L19000/41819

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TO:

Registration Section Division of Corporations

5631PATE SUBJECT:	RICIA DOUD REAL ESTATE	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	JAMES WADE PARRISH			
		Name of Person		
	PARRISH & PARRISH, C	PAS		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	6700 S. FLORIDA AVE, S	STE 19		
Address				
	LAKELAND, FL 33813			
	PATRICIADOUD@GMAI	City/State and Zip Code L.COM		
	E-mail address: (to be used for future annual report notifi	ication)	
For further information	concerning this matter, please ca	all:		
PATRICIA DOUD		303 919-5631		
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	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) (P.O., Box. 6327) (Tallahassee, FL 32314)		STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions nter Circle	

ARTICLES OF AMENOMENT TO ARTICLES OF ORGANIZATION OF

PATRICIA DOUD REAL ESTATE, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as It now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/28/201	9 and assigned
Florida document number L19000141819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
PATRICIA DOUD, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
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)		
	<u>. </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	office address on our	records, enter the name of the no
registered agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	it:	
I haraby account the appointment as registered agent and a	area to act in this canaci	to I finisher warms to comply with the

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

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or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action

			Remove
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· '			
05/28/2019 E. Effective date, if other than the date of filing:	至於	19	
(If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	i.0207 (3)(b) ed as the	AUG	
document's effective date on the Department of State's records.		-7	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er o <u>f</u> :	11 :01 MF	
D JULY 29TH 2019] 1 :	
Dated	7.	••	
Signature of a member or authorized representative of a member			
PATRICIA DOUD Typed or printed name of signee			

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Filing Fee: \$25.00