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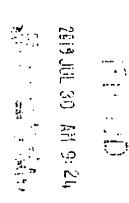
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	MAIL	
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Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: DOLV	9 GOUL A S	Seed Consign rited Liability Company	ment Shop LLC
	Amendment and fee(s) are sub-		
ricase return an corresp	ondence concerning and maner	to the following.	
	Toriano	Roberts Name of Person	
	Doing A C	Firm/Company	osignment Shop LL
	PO BOX 6	ZZ9 Address	
	Caineville	City/State and Zin Code  Stages Gahoo to be used for future annual report notific	
	Melissa of S E-mail address: (	Stages Quhoe to be used for future annual report notific	. Com
For further information	concerning this matter, please ca	all:	
TOTIANO Name	Roberts	at (352) S75.  Area Code Daytime	Telephone Number
Enclosed is a check for	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10

(Name of the Limited	Liability Company	as it now appears	1 Ment 2 hor on our records.)	p LLC	
The Articles of Organization for this Limited Liab	oility Company w	ere filed on <u>()</u>	le 106 / 2019	and assi	gned
Florida document number <u>L 1900 15</u>	<u>092</u> 2				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabili	ty company her	<u>e</u> :		
Doing A Good Deed	Consign	Ment Sho	ip LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability	y Company," the des	ignation "LLC" or the a	bbreviation "L.L	C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET.	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	-	-
Name of New Registered Agent:	_	<del></del>	<u> </u>		<del></del>
New Registered Office Address:		Enter Florid	la 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 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

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an effective d ote: If the o	ate is listed, the olate inserted in	late must be specif this block does	filing: ic and cannot be prinot meet the app t of State's record	or to date of filing or licable statutory fil	(optional) more than 90 days after filing.) Pursuant to ing requirements, this date will not be	60: list
record s The 90th	pecifies a do day after th	elayed effecti ne record is fi	ve date, but i led.	not an effective	e time, at 12:01 a.m. on the ea	arli
ated	<u> </u>	n 0	,			_
~		Signature	of a member or au	thorized representati	ve of a member	
		Signature	or a member of ac	monoca representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00