119000/604/4

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (B	Business Entity Nan	ne)
(D	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



400331578644

07/18/19--01026--027 **25.00



JUL 2 4 2019 C Kinsey

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 0+	O Doit all	, UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Xa	VIER MOULICE	
	<u>D+ 0</u>	Do it all, L	LC
	6715	Renger DR	
		\ <u>za</u> qies2	
	Tarne	OCI, FL 3361	51
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	heation)
For further information c	oncerning this matter, please c	all:	
Xcwier	Mouliel	at (<u>813</u>) <u>4</u> CL Area Code Daytim	-0437
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D+0 00 it	- cul, LLC
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L19001604/4</u>	Company were filed on 6 / 18 1 C and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "I.	imited 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 ADD	DRESS)
	- S 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Sign Sign Sign Sign Sign Sign Sign Sign
B. If amending the registered agent and/or registered agent and/or the new registered office ag	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 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 Type of Action Title Address Name Aileen Velez 10715 Pany e/2 Or TruFL 33615 1 Add Change Co 715 Renger DR Tpci, FC 33615' MGRM Xavier Moulier ☐ Remove ☐ Remove \square Add ☐ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove

☐ Change

_	
-	
_	
-	
_	
-	
_	
-	
-	
-	
-	
_	
-	
-	
-	
-	
(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/0/19
	Signature of a member of authorized representative of a member
	Xavier Moulier Typed or printed name of signee