

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000214872

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To:

Division of Corporations
 Fax Number : (850)617-6385

From:

Account Name : YO & CO INC.
 Account Number : I20130000055
 Phone : (813)914-9191
 Fax Number : (813)914-9192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: syo@yocpa.com

21 11 30 2022

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 DOSIRAK LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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OCT 25 2022

K. Brumley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOSIRAK 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:

Sip Yo

Name of Person

Yeo & Co CPA

Finn Company

8894 N 56th ST

Address

Temple Terrace, FL 33617

City/State and Zip Code

svo@yocpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sin Yo 813 914-9191
Name of Person at () 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DOSIRAK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/22/2019 and assigned
Florida document number L19000214872

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sin Yo

New Registered Office Address:

8894 N 56th ST

Enter Florida street address

Temple Terrace

, Florida

33617

City

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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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHUNG, JIN	6905 N ORLEANS AVE, 1/2	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	KIM, LANSEOL	1321 Fowler Ave Tampa FL 33612	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/03 , 2022

Ginn

Signature of a member or authorized representative of a member

HANSEOL KIM

Typed or printed name of signee