119000 224 634

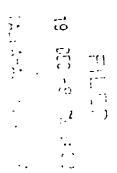
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

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JAN 1 1 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE ELEGANES BY DOWAN 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:
Mark D. Mayo Name of Persop Tile Elegance by Danwan CCC Firm/Company 11759 SW 141 St. PC Address Dunnellon FL 34432 City/State and Zip Code tile elegance. danwan 6 amail.com E-mailaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (478) 593 - 6619 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional co

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

. .

"Tile Elegance by	1 Donovan" "LLC	
(Name of the Limited Liab) (A Florid	lity Company as it now appears on or da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	7. 5, 2019, and assigned
Florida document number <u>L 19000224634</u>	-	
This amendment is submitted to amend the following:		1.
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lis	muted Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
7. 10. 11. 14. 14. 14. 14. 14.		
If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the ne
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stro	eet 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	mark D. Mayo	11759 SW 141 St PL Dunnellon, FL 34432	X Add
		Dunnellon, FL 34432	🗆 Remove
			Change
		÷	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			C Remove
			Change
			🗖 Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change

If amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing:
the reco	ord 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 _	
	* ////
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00