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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McDougal Virtual Office Solutions, 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:

Kimberly McDougal
Name of Person

McDougal Virtual Office Solutions, LLC
Firm/Company

6068 Towncenter Circle
Address

Naples, FL 34119
City/State and Zip Code

mvosolutions4110@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly McDougal at (561) 308-9215
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

McDougal Virtual Office Solutions, LLC

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>
<u>AR</u>	<u>John McDougal</u>	<u>6008 Towncenter Circle</u>	<input type="checkbox"/> Add
		<u>Naples, FL 34119</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Kimberly McDougal</u>	<u>6008 Towncenter Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Naples, FL 34119</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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FLORIDA

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A. L. H. ASSESSMENT

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(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.

Dated March 19, 2020

Kimberly Kristin Ethel McDougall
Signature of a member or authorized representative of a member

Kimberly Kristen Etzel McDougal
Typed or printed name of signer