

L200007173L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

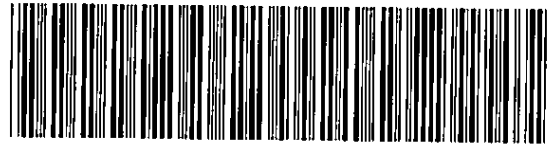
(Business Entity Name)

(Document Number)

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FILED
MAY 16 AM 10:16
TALLAHASSEE, FL

FILED
MAY 16 2016
07/16/24



JACK M. MAAG
FLORIDA REGISTERED PARALEGAL
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Sarasota, Florida 34236

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July 12, 2024

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Dopamine, L.L.C. (L20000071736)
File No. 325417-292722

To Whom It May Concern:

Attached please find Articles of Amendment to Articles of Organization for Dopamine, L.L.C., changing its name to Dopamine, LLC. Also, enclosed please find a check in the amount of \$25.00 for the filing fee. Please file the Amendment upon receipt.

Very truly yours,

Jack M. Maag
Florida Registered Paralegal

JMM
Enclosures

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CORPORATE, FL
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DOPAMINE, L.L.C.

(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 03/04/2020 and assigned Florida document number L20000071736.

This amendment is submitted to amend the following:

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

DOPAMINE, LLC

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:

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 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>
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HIV STATE
HIV ASSOCIATE, FL

2024.11.18 AM 10:16
DEPT OF STATE
TALLAHASSEE, FL

7000-18 AMIO: 6
U.S. DEPT OF STATE
FBI AND SSEC FILE

(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 July 9 2024

Douglas A. Cherry

Filing Fee: \$25.00