L2000145471

(F	Requestor's Name)	
(<i>f</i>	Address)	
	Address)	
<u>)</u>	Dity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
ದ Copies	Certificates o	of Status
al Instructions to Fi	iling Officer:	

Office Use Only



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2023 MAR 27 AM II: IL

03/27/23--01001--025 **25.00



A CUTLER

MAR 27 2023

COVER LETTER

TO:

DORE'S MERCHANDISE	LLC	
of Amendment and fee(s) are sub	mitted for filing.	
condence concerning this matter	to the following:	
N	IRS DOREMITH R DEC	OLA
	Name of Person	
D	ORE'S MERCHANDISE	ELLC
	Firm/Company	
	15382SW 16TH TER	
	Address	
	MIAMI, FL 33185	
	City/State and Zip Code	
DOR	EMITH1178@GMAIL.CO	OM
		п пописанов)
concerning this matter, please c	aii.	
	/	14 8681
of Person	Area Code D	aytime Telephone Number
the following amount:		
□ \$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)
	Street Addre	
	-	Corporations
		of Tallahassee onroe Street, Suite 810
	DOREMITH R DECOLA of Person the following amount: \$30.00 Filing Fee &	DORE'S MERCHANDISE LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: MRS DOREMITH R DEC Name of Person DORE'S MERCHANDISE Firm/Company 15382SW 16TH TER Address MIAMI, FL 33185 City/State and Zip Code DOREMITH178@GMAIL.Cd E-mail address: (to be used for future annual repo concerning this matter, please call: DOREMITH R DECOLA of Person Area Code DOREMITH R DECOLA of Person the following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status Street Address Street Address Street Address Opinion of The Centres Corporations Division of The Centres

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



DORE'S MERCHANDISE LLC	AM 11: 17
DORE'S MERCHANDISE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on05/28/2020 a	and assigned
Florida document numberL20000145471	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
DORE Insurance Agency LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "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)	
Maning address MAT BE A FOST OFFICE BOX)	
	_
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of t</u>	the new regi
agent and/or the new registered office address here:	The Heavy Legs
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida Zi	p Code
·	p Coae
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	o comply wi

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
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			□Add
			□Remove
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			□Add
			□Remove
			□Change

atue	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	we date, if other than the date of filing:
record is file	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
ated _	March 27 . 2023 .
	Dorenith CD
	Signature of a member or authorized representative of a member
	MRS DOREMITH R DECOLA
	Typed or printed name of signee

Filing Fee: \$25 ft