## LZO 000 179839

Office Use Only



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07/31/20--01003--023 \*\*25.00

SEP 2 0 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DOCH WORK 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:	
DIRGO M Rubico	-
Firm/Company	
595 NW 152 nd ST.	-
City/State and Zip Code  City/State and Zip Code	- n-,
For further information concerning this matter, please call:	
DIFCO M. Bubic at (786) 269-5659  Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

DDJL Woodwor	KLLC & 3 T
(Name of the Limited Liability Company a (A Florida Limited Liabil	ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on 6-26-202 Deand assigned
Florida document number <u>L 20000179839</u>	TOTAL F.
This amendment is submitted to amend the following:	2
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del>-</del> -	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	Miguel Rubio
New Registered Office Address: 595 N	W 152 nd ST Enter Florida street address
Miam	A Florida 33169
New Registered Agent's Signature, if changing Registered Agent:	zap coat
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provbeing filed to merely reflect a change in the registered office ada	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Resistered 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>	Address	Type of Action
MGR	Dalila Rubio	595 NW 152 nd ST	□Add
		595 NW 152 ind ST Miami, FL 33169	emove
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<u></u>		□Add
			□Remove
			Change
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		<u> </u>	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
if an ci Note:	tive date, if other than the date of filing:
e reco	rd 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 ited.
Dated	$\frac{1}{2}$
	Signature of a member or authorized tepresentative of a member

Filing Fee: \$25.00