

L20 000 199918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

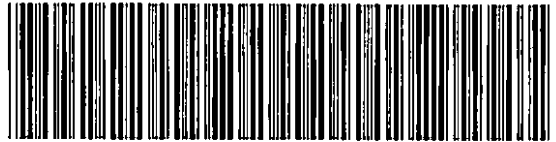
(Business Entity Name)

(Document Number)

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08/31/20--01025--003 \*\*25.00

2020 OCT 12 10:36

OCT 12 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dotcha I Artistry 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:

LaShanda Davis

\_\_\_\_\_  
Name of Person

Dotcha I Artistry LLC

\_\_\_\_\_  
Firm/Company

1935 S Conway Rd M6

\_\_\_\_\_  
Address

Orlando FL 32812

\_\_\_\_\_  
City/State and Zip Code

info.dotchaiartistry@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaShanda Davis

404 268-1251

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

**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

1000 31 PM:12:36

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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

1 JA 31 F12:36

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn Davis	1935 S Conway Rd #M6 Orlando FL 32812	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LaShanda Davis	1935 S Conway Rd #M6 Orlando FL 32812	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. correcting name on file to Legal name chg Shawn Davis to LaShanda Davis

JAN 31 PM 12:36

2. adding EIN# 85-2069455

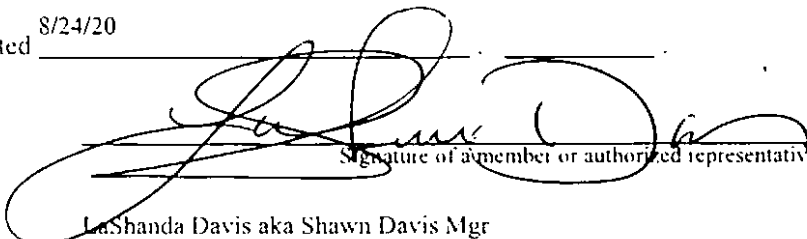
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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.

If the record 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 record is filed.

Dated 8/24/20

  
Signature of a member or authorized representative of a member

LaShanda Davis aka Shawn Davis Mgr

Typed or printed name of signee

**Filing Fee: \$25.00**