## LZO 000 199918

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
— (Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		ን		œ.		
	Dotcha I Art	istry LLC				•	
SUBJI	ECT:	Name of Limite	ed Liability Compa	ny			<del></del>
The en	nclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.				
Please	return all correspor	idence concerning this matter to	the following:				
		LaShanda Davis					
			Name of Pers	on	•	·	
		Dotcha I Artistry LLC					
			Firm/Compa	ny			<del></del>
		1935 S Conway Rd M6					
			Address				
		Orlando FL 32812					
			City/State and Zip	Code	•		
		E-mail address: (to	info.doto	haia annua	artistry I report no	@gmail.	com
For fu	rther information co	oncerning this matter, please cal	H:				
LaSha	ında Davis		404 at (	26	58-1251		
	Name of	Person	Area Coo	de ,	Dayti	me Telephor	ie Number
Enclo.	sed is a check for th	e following amount:					
<b>■</b> \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co	ору			\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ha I Artistry LLC

Dotcha 1 Artistry LLC (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  $\frac{7/13/20}{1}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L20000199918 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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: LaShanda Davis Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address \_.Florida \_\_\_

## 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
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1 JA 31 F1/2:36

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shawn Davis	1935 S Conway Rd #M6 Orlando Fl 32812	DAdd
			Remove
			□Change
MGR	LaShanda Davis	1935 S Conway Rd #M6 Orlando Fl 32812	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
-			□Add
			□Remove
			□ Change

1. correcting name on file to Legal name chg Shawn Davis to LaShanda Davis	5	JA	3.1	F . !2:	36
2. adding EIN# 85-2069455	-				-
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tument's effective date of the Department of State's records.					
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	n the earl	ier of: (b)	The 9	0th day afi	ter th
is filed.		, ,		•	
0/04/00					
ted 8/24/20					
Senature of aumember or authorized representative of	d'a membe	·r		<del></del>	

Filing Fee: \$25.00

Typed or printed name of signee