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## **COVER LETTER**

Division of Corporations
SUBJECT: AMRANI DOC 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:
Wilbert Doresca
Name of Person
Firm/Company
2050 W Palmetto Povik RD Ste 15-399
Bora Roton, FL 33433 City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Notes cq at (S61) 213-5021
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

AMRANI DO	, 110
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{7/14/2020}{}$ and assigned
Florida document number 200002030	<u>U</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2050 W Palmetto Park RD
(Principal office address MUST BE A STREET ADD	Boca Rator, FC 33433
Enter new mailing address, if applicable:	203
(Mailing address MAY BE A POST OFFICE BOX)	AC A A C A A C A A C A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A C A A C A A C A A C A A C A A C A A C A A C A A C A A C
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	velbert Doressa
New Registered Office Address:	2050 w Palmetto Park RD Ste 15-399 Enter Florida street address
B	oca Raton, Florida 33433 City Zip Code
NO CONTROL CONTROL OF THE STATE	

## 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 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	Wilbert Dorosca	2050 W Palmetto Park R	
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		Boca Rator, FL 33433	🖰 Change
	<u></u>		🗆 Add
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