## L20 000 23538 5

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	]
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FILED 2020 DEC 14 PM 12: 20

JAN 25 2021

## COVER LETTER

DORMAN CONSULTING LLC

DAYTIME PHONE: 763-670-3262

Return ADDRESS:

106 NE 12th ST. DELRAY BEACH, FL 33444

CHECK # 130 ATTACHED

## COVER LETTER

**Registration Section** 

ľO:

Division of Co	erporations		
SUBJECT:	DORMAN (Name of Lim	CONSULTING LL ited Liability Company	<u>C</u>
	f Amendment and fee(s) are sub	_	
Please return all corresp	condence concerning this matter	to the following:	
	BRI	D62T DORMA Name of Person	7
	<del></del>	Firm/Company	<del></del>
	106 NE	12TH ST	
	100 100	Address	
	DELRAY E	SEACH FL 3' City/State and Zip Code	3444
	BRIDGE	T @ HOSPITALITY	FUNDING. COM
	E-mail address: (	to be used for future annual report notif	cation)
For further information	concerning this matter, please c	all:	
BRIDGET	DORMAN	a 763 670	-3212
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	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adding Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of 13 2415 N. Monroe	porations
		Tallahassee, FL	32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CONSULTING L	LC
Name of the Limited Liability (A Florida	ty Company as it now appears on ou (Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	omnany were filed on OK 0	2020 and assigned
Florida document number L 20000 235385		and according
	<del></del>	
ens amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company " the designati	on "TTC" or the abbreviation "TTTC"
<u>-</u>	and the many company, and an appear	on the of the money materials.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u></u>	7020
		DEC T
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		P) [7
		172:
		20
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered ag	omplete performance of my du	ties, and I am familiar with and
being filed to merely reflect a change in the registered ago company has been notified in writing of this change.		
	If Changing Registered Agent, Sig	nature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
14R	BRIDGET DORMAN	106 NE 12TH ST	MAdd
		DELRAY BOATH, FC 334	<b>ЧЧ</b> □ Remove
		**************************************	□ Change
			□Add
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tive date, if other than the date of filing:	(optional)
Tective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the Department of State's records.	
ad a constitue and all the conductive days have been an afficient at the constituent of the constituent at t	12.01 cm and a sadion of the The Will day of care
rd specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earner of: (b) The 90th day after
12/0	
12/9 / 10/10	
4.	