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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dowdy Create Staine of Lim	HONS ILC aned Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filling.
Please return all correspondence concerning this matter	to the following:
Micole ? Dowdy	Dowoly Name of Person Cylothuns (1C Firm/Company
100 d 511	Address JYIVE
APOPKA ndoudy	FL 32703 City State and Tip Code 15 a a gmall (077) to be used for future appyal report notification)
For further information concerning this matter, please c	aB°
McOle Drughy	at (<u>HO7)</u> <u>272 – 8433</u> Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
2 \$25.00 Filing Fee	Curtified Copy (additional copy is anclosed) \$ 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Taliahassee

Tallahassee, FL 32314

The Centre of Taliahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

Doudy Crea-	tions LLC	
(A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000266242</u>	were filed on <u>8/24/263</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	dity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	 bbreviation "L.L.C 출
Page and the first of the second decrease of a second second		20 0
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7,1-23
		- 1 1
		e= e/s
Enter new mailing address, if applicable:	ility company here: Ity Company," the designation "LLC" or the abbreviation "LLC 2000 CT + CT	
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office a	oddress on our records, enter the nar	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
		Zıp Code
No de la constanta de la const		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Micole Doudy	1062 Sheeler Hills Driv. Apopka Fl 32703	LED Add
		Apopka FL 32703	□Remove
			DChange
AMBR	Micole Drudy	1062 Sheeler HillsDi Appka Fl 32703	2 DAdd
		HOUPKA FL 32703	Remove
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Note: If the date in	other than the date of fi isted, the date must be specific iscreed in this block does no we date on the Department of	ra most die opplicable s	e of filing or more than 90 di tatutor_ filing requireme	(optional) sys after filing) Pursuant to 60 nts, this date will not be lis	05 0207 (3)(sted as the
the record specifies a cord is filed.	delayed effective date, but	not an effective time, a	t 12:01 e.m. on the earlie	er of: (b) The 90th day aft	er the
Dated Spfe	mber 28	2020.			
	Signature o	DU of a member of muthorized	representative of a member		
	_	1.	•		

Filing Fee: \$25.00