

120 000274691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

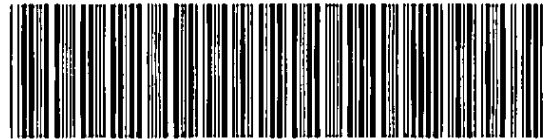
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dos Publishing House 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:

Gabrielle Simms

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

DoS Publishing House LLC

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

1051 CR 544 East #1724

\_\_\_\_\_  
Address

Haines City, Florida. 33844

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

Dospublishinghouse@gmail.com

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

For further information concerning this matter, please call:

Gabrielle Simms

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

321  
at ( )  
Area Code

4420083

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dos Publishing House 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 09/02/2020 and assigned Florida document number L20000274691.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

1051 CR 544 East #1724

**(Principal office address MUST BE A STREET ADDRESS)**

Haines City, Florida. 33844

**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:**

Name of New Registered Agent:

June Williams-Omobude

New Registered Office Address:

200 El Camino Drive, #202

Enter Florida street address

Winter Haven,

Florida 33884

City

Zip Code

**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)

Title	Name	Address	Type of Action
Ambr	SHAUNEQUA WALTERS	183 ANZIO DRIVE	<input type="checkbox"/> Add
		Kissimmee, Florida. 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Gabrielle Simms	200 El Camino Drive,	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		Winter Haven, FL. 33884	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**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 6/10/21 .

Darwin Jones

Signature of a member or authorized representative of a member

Damion Orlando Simms

Typed or printed name of signee

**Filing Fee: \$25.00**