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COVER LETTER

	'S TO PROFITS LLC		•
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DORIS R. MUSCARELL	Α	
		Name of Person	
	DORIS BUSINESS DEVI	ELOPMENT & CO., LLC	
		Firm/Company	
	7863 Dundee Lane		
	 	Address	
	Delray Beach, FL, 33446		
		City/State and Zip Code	
	doris@dorisbusinessdevelo		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Doris r. Muscarella		954 240-4853	
Name o	f Person	at () Area Code — Daytime	· Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

FAIRWAYS TO PROFITS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companion of the Li		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DORIS BUSINESS DEVELOPMENT & CO., LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>ا : دح</u>
		07.
		N N N
Enter new mailing address, if applicable:)	23
Mailing address MAY BE A POST OFFICE BOX)		S S. O
		~ ~ 6
If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our records, enter the nat	ne of the new registe
Name of New Registered Agent:		
N. D. 14 14007 A.H		
New Registered Office Address:	Enter Florida street address	J
	P1 11	
	, Florida	Ziv 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

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ective date, if o	other than the dat	e of filing:	/2024		(option:	al) ng.) Pursuant to 605.020
n effective date is li	sted, the date must be serted in this block i	specific and canno loes not meet th	t be prior to date o e applicable sta	of filing or more that tutory filing requ	n 90 days after fili irements, this da	ng.) Pursuant to 605.020 ate will not be listed a
cument's effective	e date on the Depart	ment of State's	records.			
	delayed effective dat	e, but not an eff	ective time, at	2:01 a.m. on the	earlier of: (b)	The 90th day after th
is filed.			_			
is filed.		·	·		_	
is filed.				presentative of a m	· ·	1117-2