L20000309472

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(Ac	ldress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dookoo Pau 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:
Daniel C. Stevens Name of Person
Firm/Company
7311 73 VOL (Way)
West Palm Beach FL 33407 City/State and Zip Code
P-mail hiddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel C. Stevens at (SG) 945-9292 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Gookoo Paus ILC	21 APR 29 PM 3: 32
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 10/ Florida document number 12000309472	01 2020 and assigned
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	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 record agent and/or the new registered office address here:	ds, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Enter Florida su	rvet address
Ciņ	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma	nnager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address 21 APR 29 PM 3: 32	Type of Action
AMBR	Antoine E. Threatt	Address 21 APR 29 PM 3:32 7311 73rd Ciay Wirg.F.	3:340.7 [
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			□Change
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			□Remove
			□Change

D. II AII	ary other information, enter thange(s) here. [Ander additional sheets, if necessary,]
	nending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
	21 APR 29 PM 3: 32
	ZIA
	
C Effec	tive date, if other than the date of filing: (optional)
(If an e <u>Note</u>	tive date, if other than the date of filing:
f the rece	ord 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 filed.
Date	April 26th 2 2021
	Signature of a member of authorized representative of a member
	Typed or printed name of signee