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COVER LETTER

	ision of Cor				
CUDIECT.	Dore 2 Doo	or Transport, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Danisha N. Benjamin-Dore	e		
			Name of Person		
		Dore 2 Door Transport, LL	.c		
			Firm/Company		
		7404 Dragon Fly Loop			
			Address	······································	
		Gibsonton, Florida 33534			
			City/State and Zip Code		
		dore2doortransport@gmail.		<u> </u>	
For further is	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
Danisha Ber			614 636-8567	•	
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	(2) \$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)	
	iling Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Co		
P.O. Box 6327			The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

Dore 2 Door Transport, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on October Elorida document number 1.20000343839	etober 29, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
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:	17.
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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 ragent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enler Plo	rida street address
	, Florida
City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Danisha N. Benjamin-Dore	7404 Dragon Fly Loop Gibsonton, FL 33534	🗆 Add
			□Remove
MGR	Michael M. Dore	7404 Dragon Fly Loop Gibsonton, FL 33534	■Add
			□Remove
			Change
			□Add
		<u></u>	□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□ Add
		<u></u>	□Remove
			🗆 Change

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note: 1	re date, if other than the date of filing:
e record rd is file	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 d.
Dated _	December 15 2020
_	(andia Corame 103 st
	Signature of a member or authorized representative of a member
	Danisha Benjamin-Tore

Filing Fee: \$25.00