

L20 000343839

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(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dore 2 Door Transport, 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:

Danisha N. Benjamin-Dore

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

Dore 2 Door Transport, LLC

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

7404 Dragon Fly Loop

\_\_\_\_\_  
Address

Gibsonton, Florida 33534

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

dore2doortransport@gmail.com

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

For further information concerning this matter, please call:

Danisha Benjamin-Dore

614 636-8567  
at ( )

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

Area Code

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

**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>              | <u>Address</u>                           | <u>Type of Action</u>                      |
|--------------|--------------------------|--|--|
| MGR          | Danisha N. Benjamin-Dore | 7404 Dragon Fly Loop Gibsonton, FL 33534 | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input checked="" type="checkbox"/> Change |
| MGR          | Michael M. Dore          | 7404 Dragon Fly Loop Gibsonton, FL 33534 | <input checked="" type="checkbox"/> Add    |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
|              |                          |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
|              |                          |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
|              |                          |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
|              |                          |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

*Danisha Benjamin-Dore*  
Signature of a member or authorized representative of a member

Danisha Benjamin-Dore  
Typed or printed name of signer

**Filing Fee: \$25.00**