

121000063407

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(Requestor's Name)

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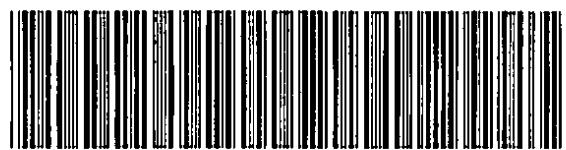
\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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A handwritten signature, appearing to read "M. J. H." or "M. J. H. 2022".

2022 JUL -3 PM 11:17

121000063407

FILED

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**DO & VENDITORS LLC**

**SUBJECT:** \_\_\_\_\_  
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:

JAVIER A DELGADO MOMS

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

DO & VENDITORS LLC

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

7406 N HOWARD AVE

\_\_\_\_\_  
Address

TAMPA/ FLORIDA/ 33604

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

dovenditors@gmail.com

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

For further information concerning this matter, please call:

JAVIER A DELGADO MOMS

561 3657022

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

at (\_\_\_\_\_  
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

2022 JUL - 8 PM 4:17

**FILED**

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

DO & VENDITORS 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 02/05/2021  
Florida document number L21000063407

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:

7406 N HOWARD AVE, TAMPA, FLORIDA, 33604

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

Enter new mailing address, if applicable:

7406 N HOWARD AVE, TAMPA, FLORIDA, 33604

(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:**

Digitized by srujanika@gmail.com

**New Registered Office Address:**

7406 N HOWARD AVE

*Enter Florida street address*

## TAMPA

Florida 33604

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**

**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          | NORALYS OLIVERO BATISTA | 7406 N HOWARD AVE, TAMPA, FLORIDA, 33604 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change   |
| MGR          | JAVIER A DELGADO MOMS   | 7406 N HOWARD AVE, TAMPA, FLORIDA, 33604 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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 JULY 04

2022

Signature of a member or authorized representative of a member

JAVIER A. DELGADO MOMS

Typed or printed name of signee