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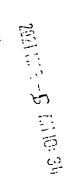
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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

GEOMEN, SATE TALLALADSEG FL

April 23, 2021

LARA DORISMOND 4512 LAKE JASON CRT MOUNT DORA, FL 32757

SUBJECT: WELL&DORIS LLC Ref. Number: L21000070308

We have received your document for WELL&DORIS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 221A00008480

## **COVER LETTER**

| ///   | 000 0 mi. 110  |  |                               |
|---|--|--|-------------------------------|
| SUBJECT:  | Name of Lim  | ited Liability Company                     |                               |
|   |  |  |                               |
| The enclosed Article  | s of Amendment and fee(s) are sub  | mitted for filing.                         |                               |
| Please return all corre   | espondence concerning this matter  | to the following:                          |                               |
|   |  | -  |                               |
|   | LARACDO  | rismond                                    |                               |
|   | Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Certificate of Status & Certified Copy (additional copy is enclosed)   |  |                               |
|   | Mell & Driv LC Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:  LARACDOTIS MOND Name of Person  Firm/Company  4512 Lake Joson Confl Address  Menual Dana FL 32757  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:  A Do (15 m and address)  Name of Person  at (561) 5740797  Daytine Telephone Number  theek for the following amount:  ting Fee S \$30.00 Filing Fee & Certificat Copy (additional copy is enclosed)  Ing Address:  Street Address:  Street Address: |  |                               |
| Firm/Company  4512 Lake Jason Court  Address  Mount Dona Fl 32757 |  |  |                               |
|   |  |  |                               |
|   | 4512 Lake 3  | Address                                    |                               |
|   |  | riddiess                                   |                               |
|   | Mount De   |  |                               |
|   |  | City/State and Zip Code                    |                               |
|   | E-mail address: (  | to be used for future annual report notifi | ication)                      |
| For further informati   |  | •  |                               |
| TO THE THE THORNAGE   | on concerning this matter, pieuse c  | un.  |                               |
|   |  |  | 797                           |
| Na  | me of Person   | Area Code Daytime                          | : Telephone Number            |
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| Enclosed is a check f   | or the following amount:   |  |                               |
| □ \$25.00 Filing Fe   |  |  |                               |
|   | Certificate of Status  | • •  | Certified Copy                |
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| Mailing Ad  | droce.   | Street Address:                            |                               |
|   |  |  | tion                          |
|   | of Cornerations  | Division of Corr                           |                               |

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Well & Doris LLC

| ( <u>Name of the Limited I</u><br>(A F                     | iability Company as it now appears on our records.) lorida Limited Liability Company) |                          |
|--|---|--------------------------|
| The Articles of Organization for this Limited Liabil       | lity Company were filed on February 10, 203   | and assigned             |
| Florida document number <u>L21000703</u> 1                 | <u>03</u> .   |                          |
| This amendment is submitted to amend the following         | ng:   |                          |
| A. If amending name, enter the new name of the             | e limited liability company here:   |                          |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LEC" or the ab                          | breviation "L.L.C."      |
| Enter new principal offices address, if applicable         | e:  |                          |
| (Principal office address MUST BE A STREET A               | DDRESS)   |                          |
| Enter new mailing address, if applicable:                  |   |                          |
| (Mailing address MAY BE A POST OFFICE BO.                  | <u> </u>  | <del></del>              |
| agent and/or the new registered office address h           | stered office address on our records, <u>enter the namere</u> :                       | ne of the new registered |
| Name of New Registered Agent:                              |   | <del>- Lid</del>         |
| New Registered Office Address:                             | Enter Florida street address  | <u> </u>                 |
| _  | , Florida   | دی<br>Zip Code           |
|  | Cui   | zap Cone                 |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                 | Type of Action            |
|--------------|-------------------|--------------------------------|---------------------------|
| esident      | LARA C. Dorismond | 45 Wake Jason Court Mount dora | 32757<br><u>FL</u> \$1Add |
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| Note: I                | date, if other than the date of filing:   | 605.0207 (<br>listed as t |
| e record<br>rd is file | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day i | after the                 |
| Dated _                | 204 26 20 21  Lova D  Signature of a member or authorized representative of a member                              |                           |
|                        | Ja Q.   |                           |
|                        |   |                           |
|                        | Signature of a member or authorized representative of a member  | -                         |