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(Re	questor's Name)	
(Ad	dress)	
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OA)	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		
U	Office Use Or	ılv



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09/27/21--01023--003 **25.00

T. MATTHEWS

DEC - 1 2021



October 4, 2021

RYNE E. HARTT, ESQ 4727 N HIGHWAY A1A VERO BEACH, FL 32963

SUBJECT: DOLORES RIM, LLC Ref. Number: L21000280248

We have received your document for DOLORES RIM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 521A00024022

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

TO: Registration Se Division of Cor				
DOLORES				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Ryne E. Hartt, Esquire			
		Name of Person		
	Law Offices of Jennifer Pe	shke, P.A.		
		Firm/Company		
	4727 North Highway A1A			
		Address		
	Vero Beach, FL 32963			
		City/State and Zip Code		
	closingsupport@peshkelaw			
	E-mail address: (to be used for future annual report no	nification)	
For further information c	oncerning this matter, please c	all:		
Ryne Hartt, Esquire		772 231-1233		
Name o	r Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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		Street Address: Registration S	ection	
Division of C	lorporations	Division of Co	orporations	
P.O. Box 632		The Centre of		
Tallahassee,	F に 040 F4	ZHID IN, MIOIII	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION21 FOR 1: 25 OF

DOLORES RIM, LLC		
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L		21 and assigned
Florida document number 1.21000280248		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation) "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOV)	
		
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	enter the name of the new register
Name of New Registered Agent:	Jury G. Krajack, Sr.	
New Registered Office Address:	Enter Florida street	n.blease
	Enter Fibria Meet	and too
	City	, Flo rida Zip Code
	Ciù.	глр Соис

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jury G. Krajack, Sr. Trust	8625 97th Avenue	□Add
		Vero Beach, FL 32967	□Remove
			■ Change
AMBR The Joann E. Quail Trust	The Joann E. Quail Trust	8676 105th Avenue	□Add
		Vero Beach, FL 32967	■Remove
			□Change
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
			□Remove
			□Change

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	Live
ective date, if other than the date of filing:	(optional)
	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 applicable statutory filing requirements, this date will not be listed as the
cument's effective date on the Department of State's r	records.
	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
September Cc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
ted	·
and Mm TIE	

Filing Fee: \$25.00

Typed or printed name of signee