L21000354797

(Requestor's	Name)
(Address)	
(A.J.J	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document)	Number)
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COVER LETTER

то:	Registration Se Division of Cor			
		HOLDINGS LLC	·	* ************************************
SUBJ:	ECT:	Name of Lim	ited Liability Company	
			,	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MAX ADAMS	•	
			Name of Person	
		THE MEDI LAW FIRM		
			Firm/Company	
		4929 SW 47TH CT		
			Address	
		MIAMI FL 33155		
		·	City/State and Zip Code	
		EVELYN@THEMEDILAV		
		E-mail address; (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
MAX	ADAMS		305 444-3484	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
≣ \$2	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	Corporations	Division of Cor	rporations
	P.O. Box 632		The Centre of 7	Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOERFUL HOLDINGS LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were	e filed on 8-6-2021 and assigned
lorida document number L21000354797	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
OOERFEL HOLDINGS LLC	
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
	January 1 trans
	$\lesssim_{\omega} \omega$
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	0
	23
. If amending the registered agent and/or registered office addreent and/or the new registered office address here:	ess on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines 1 tortua sirvet address
	, Florida
· · · · · · · · · · · · · · · · · · ·	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 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
			□Add
			□Remove
		SECRETARY OF ALL 6 TASSE	Add SED □ Remove
			Aff Change O: 23
			□ Remove
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	, 		⊡Add
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to the second				(audiaual)		
ective date, if other than the date of filing: effective date is listed, the date must be specific and care: If the date inserted in this block does not mee ument's effective date on the Department of State	t the applicab	date of filing o le statutory fi	r more than 90 c ling requireme	_ (optional) lays after filing.) I ents, this date w	Pursuant ill not l	to 605.02 he listed
cord specifies a delayed effective date, but not an s filed.	effective time	e, at 12:01 a.i	n. on the earli	er of: (b) The	90th da	y after th
ad AUGUST 30,	2021	٠.				