121000395304

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COVER LETTER

Registration Section

Division of Corporations

TO:

	Name of Lim	ited Liability Company	V
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jamile Hom	د5	
		Name of Person	
		Firm/Company	
	5031 Redstone	Address	
	Jacksonville	City/State and Zip Code	
	Tamil ellanes RA (E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Jamile Hanes Name of Person		at (904) 252 - 5 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ras it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company w	vere filed on 9-07-302\ and assigned				
Florida document number 12100039504.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
Pribline Dowelty LLC The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	5031 Redstate Or				
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Fl, 32210				
Enter new mailing address, if applicable:	5031 Redstane or				
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville H				
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered				
Name of New Registered Agent:					
	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida street address				
New Registered Office Address:	Enter Florida street address , Florida City City				
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree	City Florida Cip				

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>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			
			□Remove
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			□Add
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		<u> </u>	□Change
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effective da te: If the d	te is listed, the cate inserted in	an the date of date must be spending this block do- n the Departm	cific and cannot es not meet t	he applicable	ate of filing or statutory fili	more than 90 d ng requireme	_ (optional ays after filing nts. this date	g.) Pursuant to 6	05.0207 sted as
cord specif s filed.	ies a delayed o	effective date,	but not an ef	Tective time,	at 12:01 a.m	on the earlic	erof: (b) T	he 90th day af	ter the
ted <u>\\</u> -	8-21		 `/	<u> </u>					
	Palet	1/1/	7/						
	15151								
	79	Signati	are of a memb	er or authorize	ed representativ	e of a member			