LZZ000043546

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Warne)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:





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07/10/23--01012--017 **25.00

DIVISION OF CORPORATIONS

07/10/23

COVER LETTER

		COVER LETTER	
TO: Registration Se Division of Cor			
SUBJECT:	Doson Parkas Name of Lind	1; n G LLC ted L'ability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edward	S. Liberman	
		Firm/Company	
	20200 W. J	Dixie Highway	
	Mani, FL,	33180 City/State and Zip Code	
		CIVEN + Cop i + 9 . Co	
For further information c	oncerning this matter, please ca		,
Adore	traccia	at (786) 54	3 4497
	f Person	at (186) 54 Area Code Dayti	ime 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 enclose
Mailing Addres Registration 5		Street Address: Registration S	Santina.

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Doxon Packagine	24C		
(<u>Name of the Limited Li</u> (A Flo	bility Company as it now appears or orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	1/24/2022 and assigne	ed
Florida document number <u>L 22 00 00 43546</u>			
This amendment is submitted to amend the following	<u>g</u> :		
A. If amending name, enter the new name of the	limited liability company here:	:	
DAMOAL LLC			
The new name must be distinguishable and contain the words	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2	_ <u>₽</u>
<u>(Principal office address MUST BE A STREET AL</u>	ODRESS)		13 <u>17</u> 13 31
			マ(f) - 写 製
_		. ()	20 AN
Enter new mailing address, if applicable:		\	— <u>————————————————————————————————————</u>
(Mailing address MAY BE A POST OFFICE BOX	2	12:	<u> </u>
			<u> </u>
B. If amending the registered agent and/or regist	ered office address on our reco	ords, enter the name of the new re	gistered
agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
_	_	, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my ed agent as provided for in Cha stered office address, I hereby o	v duties, and I am familiar with a opter 605, F.S. Or, if this docume	nd

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>	Address	Type of Action
MGR_	Edward J. Liberman	20200 W. Dixie Hwy	S{Add
		20200 W. Dixie Hwy M.ami, FL, 33180	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chapas

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_	
Note: i	tive date, if other than the date of filing:
the record cord is file	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 d.
Dated _	Jun: 21 . 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00