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Special Instructions to F	Filing Officer:	
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FLORIDA CAPITAL COURIER SERVICES 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	S, INC
Please sue funds from the account: 120210000 Authorized Signature: DORSET LLC Business	0160. AMOUNT:\$_60.00 Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X_ Certificate of Status _X_ Certified copies of Organization	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE () Country	Other

EXAMINER'S INITIALS:\_\_\_\_\_

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please sue funds from the account: 120210000160, AMOUNT: \_\_\_\$\_60.00\_\_\_\_\_ Authorized Signature: DORSET LLC Document # **Business** \_\_\_ Pick up time\_\_\_\_ Walk in \_\_ Will wait \_\_\_ Mail out Photocopy \_X\_ Certificate of Status X Certified copies of Organization **AMMENDMENTS NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit \_\_\_Change of Registered Agent Limited Liability \_\_\_\_Dissolution/Withdrawal Domestication Merger Other \_\_ Conversion \_ CORP Revocation REGISTRATION/QUALIFICATIONS **OTHER FILINGS** \_\_ Foreign filing Annual Report \_\_\_Limited Partnership Reinstatement Fictitious Name Other APOSTILLE () Country

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:\_\_\_\_\_

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration S Division of Co			
	Dorset LL	С		
SUBJEC	:1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Kimberley D Keen		
			Name of Person	
		Keen Bookkeeping Service	es, Inc.	
			Firm/Company	<del></del>
		107 Heron Parkway		
			Address	
		Royal Palm Beach, FL 334	111	
			City/State and Zip Code	
		kkeenbookkeeping@gmail.	com to be used for future annual report n	otification)
For furth	er information	concerning this matter, please c		
Kimberl	ey D Keen		561 889-5150 at ( )	
	Name	of Person		ime Telephone Number
Enclosed	is a check for	the following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	S30.00 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 Addre		Street Address: Registration S	Section
	Registration Division of 0	Section Corporations	Division of C	orporations
	P.O. Box 63	27	The Centre of	f Tallahassee roe Street, Suite 810
	Tallahassee,	FL 32314	2413 IN. MOIL	toe oncer, onte oro

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Manual St. St. AMD. 2, Dorset LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida L	cimited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01/21/2022	and assigned
Florida document number L22000050447	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SARATOGA WELLINGTON LLC		····
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S.
		orida
	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 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>	Name	Address	Type of Action
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