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COVER LETTER

Registration Section

Division of Corporations

ro:

NORTH FI	LORIDA KEYS LLC	ited Liability Company		
	Name of Lim	ned Elability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TONI DAIGLE			
		Name of Person		_
	DORCO ENTERPRISES I	LLC		
		Firn/Company		_
	911 S 8TH ST., UNIT B			
		Address		202
	FERNANDINA BEACH,	FL 32034		2022 JUL 29
		City/State and Zip Code		- \$5 55 55
	CONTACT@DORCOENT			
	E-mail address: (to be used for future annual report notifi	cation)	- +
For further information c	oncerning this matter, please c	all:		AM 8: 02
TONI DAIGLE		904 990-7755 at ()		
Name o	f Person		Telephone Numbe	r
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallabassee, FL	oorations allahassee Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

pears on our records.) iy)
3/4/2022 and assigned
y here:
he designation "LLC" or the abbreviation "L.L.C."
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022 JI
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ir records, <u>enter the name of the new registered</u>
Florida street address

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.

City

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	WALTER J GREEVES	1906 1ST ST	□Add
		FERNANDINA BEACH, FL 32034	Remove
			Change
			□Add
			□Remove
			□Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the specifies a delayed effective dis filed.	be specific and cannot be prior took does not meet the application partment of State's records.	to date of filing or more than the statutory filing requir	rements, this date will n	iot be listed as
a is inca.				
JULY 27.	2022			
Dated JULY 27.	2022 Signature of a member or a tho	rized representative of a me	mber	