

K22000135755

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 MAY 23 AM 8:08

T. MATTHEWS

JUL 27 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOTORI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEUNG CHEOL HONG
Name of Person
DOTORI LLC
Firm/Company
4576 Palmbrooke Cir.
Address
WEST PALM BEACH FL 33417
City/State and Zip Code
fe29oxw7op@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEUNG CHEOL HONG at (561) 445-0220
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY 23 AM 8: 08

DOTORI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/18/2022 and assigned
Florida document number L22000135758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HONG, SEUNG CHEOL

New Registered Office Address:

4576 Palmbrooke Cir.

Enter Florida street address

West Palm Beach

City

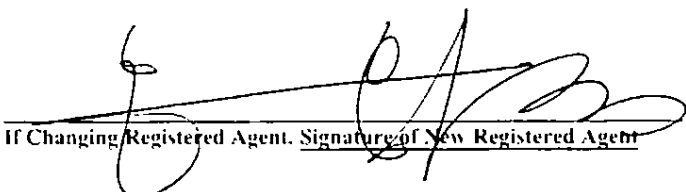
Florida

33417

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>HONG, SEUNG CHEOL</u>	<u>4576 Palmbrooke cir</u> <u>WEST PALM BEACH FL 33417</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AP</u>	<u>HONG, SUYUN</u>	<u>4576 Palmbrooke cir</u> <u>WEST PALM BEACH FL 33417</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AP</u>	<u>HONG, SEUNG CHEOL</u>	<u>4576 Palmbrooke cir</u> <u>WEST PALM BEACH FL 33417</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SEUNG CHEOL is first name there is no middle name
but, driver license showed space
so bank wants exact shape match with
drive license.

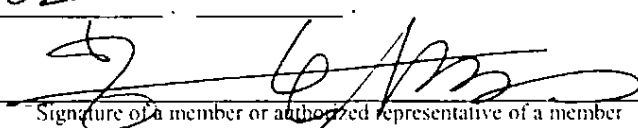
E. Effective date, if other than the date of filing: 05/01/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/18/2022


Signature of a member or authorized representative of a member

HONG, SEUNG CHEOL.

Typed or printed name of signee