

L22 000 236 239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



500393729385

22 SEP -9 PM 1:32

SECTION OF COMPTROLLER



MICHELOVE JULES

Paralegal

email: mjules@marksgray.com

tel: 904.807.2122

fax: 904.399.8440

September 7, 2022

Via U.S. Mail

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

Re: Articles of Amendment for Doc's Holiday LLC

22 SEP -9 PM 1:33

RECEIVED
DIVISION OF CORPORATIONS
SEP 11 2022

To whom it may concern:

Enclosed are our check for \$25.00 and the Articles of Amendment form along with the Amended and Restated Articles for Doc's Holiday LLC. We would appreciate your filing these articles as soon as possible.

Thank you for your attention to this matter.

Very truly yours,

Michelove Jules

Paralegal to John R. Crawford

/mj
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOC'S HOLIDAY 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:

Michelove Jules

Name of Person

Marks Gray, P.A.

Firm/Company

1200 Riverplace Blvd, Suite 800

Address

Jacksonville, FL 32207

City/State and Zip Code

mjules@marksgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Crawford

904

807-2183

at (_____) _____

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

22 SEP -9 PM 1:33

RECEIVED
DIVISION OF CORPORATIONS

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

DOC'S HOLIDAY 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 05/20/2022 and assigned
Florida document number L22000236239

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)

22 SEP - 9 PM 1:33
CLERK OF COURT
JANICE L. HARRIS

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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard J. Meyer	1202 Willow Street	<input type="checkbox"/> Add
		Traverse City, MI 49684	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 9 PM 1:33
RECEIVED
1508
0000000000

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

The name of the undersigned was incorrectly shown as "Myers" in the Articles of Organization.

This Amendment is being filed to correct that error.

22 SEP -9 PM 1:33
DIVISION OF ORGANIZATION

E. Effective date, if other than the date of filing: _____ **(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 August 24, 2022.

Signature of a member or authorized representative of a member

Richard J. Meyer

Typed or printed name of signee

Filing Fee: \$25.00