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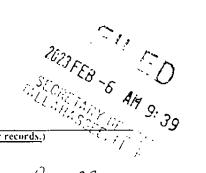
## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: SORVICES BY DORIS 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:
Luz Maria Seriano Flores Name of Person
Firm/Company
41 COVE LN EUSTIS F/ 377-26
City/State and Zip Code  City/State and Zip Code  Cond  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luz waran Sourie at (351) 404 - 6291  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Ty 525.00 Filing Fee Solution Solution Solution Solution Fee Solution Fee Solution Filing Fee Solution Solution Fee Soluti
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Fiorida document number 1 22006 26 4 7-28	were filed on JUNE CG 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words *Limited Liabi	lity 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)	41 cove LN EUSTIS FL 322-26
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	CIICOVE IN EURTIS
12. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	Yaria Soriano Flores
New Registered Office Address: ( / / / C	Enter Florida street address
E	USE Storida 32726  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.

Log walia Son and Flates
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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record is fil	I 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 ed.
ated .	67 - C: (-23  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00