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(City	/State/Zip/Phor	ne #)
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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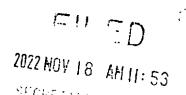
COVER LETTER |

' TO: Registration Section Division of Corporations	
SUBJECT: DOS TO GO 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:	
Lean Williams Name of Person	
DOS TO GO	
Firm/Company	
411 West 5th Aye	
Address	
Tallahasse, FL 32 City/State and Zip Code	303
Keala Williams @ Out look E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, please call:	
Y-PUI W! II AMS Name of Person at (910) 37	18 - 0250) Daytime Telephone Number
	•
Enclosed in a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Street Ad	dress:

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

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



Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L22000 440405</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Keaja Williams, LLC

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: New Registered Office Address: Enter 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGŘ =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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an effect ote: If	edate, if other than the date of filing:	05.0207 (sted as t
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af I.	ter the
ated _	November 18 2022.	
	November 18 . 2022. Least Milland Signature of a member or authorized representative of a member	
	Keaja klilliams Typed or printed name of signee	

Filing Fee: \$25.00