L2300018269

(Requestor's Name)	_
(Address)	
(Address)	
· ,	
(City/State/Zip/Phone #)	·
PICK-UP WAIT MA	AL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
Special instructions to 7 ming Officer.	
Office Use Only	

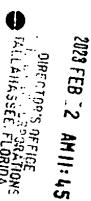


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SECRETATION STATE
TALLANDSSEE, FL

2023 FEB -2 AM II: 58



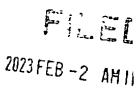
C 2/2/2023

COVER LETTER

TO: Registration So Division of Co				
Dowridge				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Lois D Utomudo			
		Name of Person		
	Dowridge, LLC			
		Firm/Company		
	4465 Ribblesdale Lane			
		Address		
	Orlando/FL 32808			
	_	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please e	all:		
Lois Utomudo		813 4171769 at ()		
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Dowridge LLC

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

SEC.L. TALLATIA'S SEE !

(A Florida Limited Liab	omity Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 1/9/2023 and assigned
Florida document number L23000018269	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability of	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)	4
_	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registere</u>
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 a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is
If Changin	ig 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 adder removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Utomudo, Lois D	4465 Ribblesdale Lane	□Add
		Orlando, FL 32808	□Remove
			Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
		□ Char	□ Change
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		□Add	
			□Remove
			□Change

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	February 2	. 2023			
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Filing Fee: \$25.00