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2023 OCT 30 AN IO: OI

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	rations		
N. S.	OHA'S HANG	NIMAN IIC	
SUBJECT:	Name of Limi	DYMAN LLC ited Liability Company	·
			202
			300 1300 1300 1300 1300
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	ARR 기
Please return all corresponde	ence concerning this matter	to the following:	SSE SSE
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	\	D 1150. 2.	1023 OCT 30 AM 10: 01 SEPARTMENT OF STATE SEPARTMENT OF STATE SEPARTMENT OF STATE TALLAHASSEE. FLORIOA OO OO
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		Firm/Company	
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	3425	HTH ST. N Address	
		Address	
	NAPLES	FL. 34103	
		City/State and Zip Code O 9 mail Com to be used for future annual report notific	
	Cappauxall 5	Damail con	
•	E-mail address: (to be used for future annual report notific	cation)
For further information cond	cerning this matter, please ca	all:	
JOSE D. ME	KA	at (239) 269 Area Code Daytine	<u>- 515]</u>
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	following amount:		
S25.00 Filing Fee		El essão como como po	C40 00 Eiling For
□ 525.00 rung rec	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
Malling Address		Street Address:	
Mailing Address: Registration Sec	ction	Registration Sect	ion
Division of Cor		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 30 AM IO: 01
DEPARTMENT OF SINTE
DEVISION OF CORPORATION
TALLAHASSEE, FLORIO

(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 Lia	bility Company	were filed on 1	27 2023	and assigned
Florida document number <u>L23 0000 S</u>	0905		,	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	DOYMAN	LLC		
The new name must be distinguishable and contain the wo	rds "Limited Linbil	ity Company," the desig	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:	3923 11	HTH ST.	J
(Principal office address MUST BE A STREET	ADDRESS)	Naple	s, FL. 3	4103
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	3923 J	4 Th 54.	N.
B. If amending the registered agent and/or reagent and/or the new registered office address	_	address on our reco	ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:	3923	14 Th St. Enter Florida	N . street address	
	NAP	LES	Florida	34103
		LE <u>S</u>	, 1 101 1 311	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

Title	<u>Name</u>	Address	Type o	of Action
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Filing Fee: \$25.00