

L23000286948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

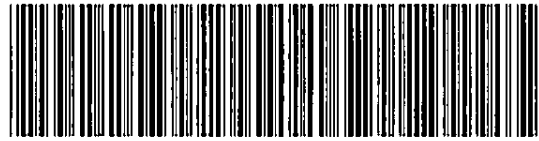
(Document Number)

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2023 OCT 11 AM 11:11

R. HUNT
10/11/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DORA TRANSITION, 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:

ROBERT SALTSMAN
Name of Person
ROBERT P. SALTSMAN, P.A.
Firm/Company
P.O. BOX 2146
Address
WINTER PARK, FL 32789
City/State and Zip Code
JUDY@SALTSMANPA.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ROBERT SALTSMAN at (407) 647-2899
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

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

DORA TRANSITION, 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 06/15/2023 and assigned Florida document number L23000286948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DORA LANDSCAPING, 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)

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DIVISION OF CORPORATE
2023 OCT 11 PM 12:00

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	MATTHEW HURT	4401 HOGSHEAD ROAD	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

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

Multiple horizontal lines for amending information.

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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 10/10, 2023

Matthew Hurt

Signature of a member or authorized representative of a member

MATTHEW HURT

Typed or printed name of signee

Filing Fee: \$25.00

**THIS INSTRUMENT PREPARED BY
AND SHOULD BE RETURNED TO:**

Robert P. Saltsman, Esq.
ROBERT P. SALTSMAN, P.A.
222 S. Pennsylvania Avenue, Suite 200
Post Office Box 2146
Winter Park, FL 32790
(407) 647-2899

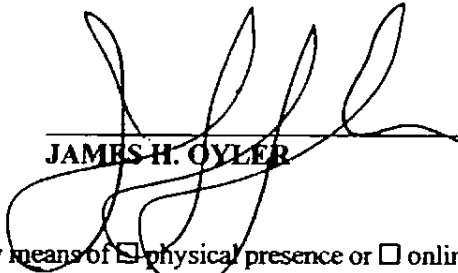
AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, authorized in the state and county aforesaid to take acknowledgments, personally appeared **JAMES H. OYLER** (hereinafter referred to as "Affiant"), who after being duly sworn, deposes and says:

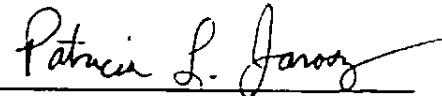
1. That Affiant is the President of Dora Landscaping Company, a Florida corporation ("Company").
2. That Affiant says the Company has filed Articles of Amendment to change the Company's name to Dora Legacy Group, Inc..
3. That Affiant says the Company is releasing the name of Dora Landscaping Company to allow Dora Transition, LLC, a Florida limited liability company, to file Articles of Amendment to change their entity name to Dora Landscaping Company, LLC.

FURTHER AFFIANT SAYETH NAUGHT.



JAMES H. OYLER

SWORN TO AND SUBSCRIBED before me by means of physical presence or online notarization on this 10th day of October 2023, by **JAMES H. OYLER**, who is personally known to me or who has produced _____ as identification.



 Notary Public, State of Florida

