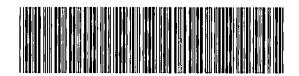
## 123000286948

| (Requestor's Name)                      |             |
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| ( dailes)                               |             |
|   |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
|   |             |
| (Business Entity Name)                  |             |
|   |             |
| (Document Number)                       |             |
| (Occument Names)                        |             |
|   |             |
| Certified Copies Certificates of Sta    | tus         |
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| Special Instructions to Filing Officer: |             |
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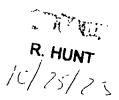
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MAINTENANT CONTRACTOR OF ORD

DIVISION OF CONTRACTOR ORD



## **COVER LETTER**

| TO: Registration Se<br>Division of Cou |   |             |          |
|--|---|-------------|----------|
| DORA LA                                | NDSCAPING, LLC  |             |          |
| SUBJECT:                               | Name of Limited Liability Company   |             |          |
|  |   |             |          |
| The enclosed Articles of               | Amendment and fee(s) are submitted for filing.  |             |          |
| Please return all correspo             | ondence concerning this matter to the following:  |             |          |
|  | ROBERT SALTSMAN   |             |          |
|  | Name of Person  |             |          |
|  | ROBERT P. SALTSMAN, P.A.  |             |          |
|  | Firm/Company  | 20:         |          |
|  | P.O. BOX 2146   | 2023 OCT 25 |          |
|  | Address   | 217         | 3        |
|  | WINTER PARK, FL 32789   |             | <u> </u> |
|  | City/State and Zip Code   | FH 12: 40   | :        |
|  | JJDY@SALTSMANPA.COM  E-mail address: (to be used for future annual report notification)   | <u>.</u>    | -        |
| For further information of             | concerning this matter, please call:  | 0           |          |
| ROBERT SALTSMAN                        |   |             |          |
| · · · · · · · · · · · · · · · · · · ·  | at ()   |             |          |
| Name o                                 | of Person Area Code Daytime Telephone Number  |             |          |
| Enclosed is a check for the            | he following amount:  |             |          |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |             |          |
| Mailing Addres Registration S          |   |             |          |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Co<br>(A Florida Lim  | ompany as it now appears on our records.) ited Liability Company) |                           |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on 06/15/2023                                     | and assigned              |
| Florida document number 1.23000286948  |   |                           |
| (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 1.23000286948  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Company here:  (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 Agent:  Name of New Registered Agent:  Name of New Registered Address:  Enter Florida street address |   |                           |
| A. If amending name, enter the new name of the limited   | liability company here:   |                           |
| The new name must be distinguishable and contain the words "Limited I  | 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   | <u> </u>  | 123 (C                    |
|  |   | 200                       |
|  |   | 25 S                      |
| Enter new mailing address, if applicable:  |   | ,,,                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                           |
|  |   | <del></del>               |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here:   | ice address on our records, <u>enter the n</u>                    | ame of the new registered |
| Name of New Registered Agent:  |   |                           |
| New Registered Office Address:   | Enter Florida street address                                      |                           |
| amendment is submitted to amend the following:  f amending name, enter the new name of the limited liability company here:  ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  cripal office address MUST BE A STREET ADDRESS)  Cr new mailing address, if applicable:  illing address MAY BE A POST OFFICE BOX)  f amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  |   |                           |
| <del></del>  |   | 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 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>  | Address            | Type of Action                     |
|--------------|--------------|--------------------|------------------------------------|
| MGR          | MATTHEW HURT | 4401 HOGSHEAD ROAD | ■Add                               |
|              |              | APOPKA, FL 32703   | □Remove                            |
|              |              |                    | □Change                            |
|              |              |                    | □Add                               |
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| lf an effec<br><u>Note:</u> T | e date, if other than the date of filing:  | 05.0207 (3<br>isted as th | l)(E<br>ie |
| e record<br>rd is file        | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at 1. | ter the                   |            |
| Dated _                       | 10/25 <u>23</u>  |                           |            |
|                               | Signature of a member or authorized representative of a member   |                           |            |
|                               |  |                           |            |

Filing Fee: \$25.00