## 123000320130

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of States
Special Instructions to Filing Officer.

Office Use Only



000413911600

08/14/23--01009--008 \*\*25.00

2023 AUG I L AM 1:37
SECRETARY OF STATE
TARE



## **COVER LETTER**

	ration Section n of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Christine L Garcia Diaz
	Dope May 12 C
	LOD DYTH AVE W
	Brodenton For 34205  City/State and Zip Code  dopenails by Christine @ gmail. com  E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Chris	Name of Person  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$25.00 Filir	g Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$60.00 \text{ Filing Fee, Certified to of Status & Certified Copy (additional copy is enclosed)}\$\$
	Address: Street Address: Registration Section

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

11:1

Dope	Mails LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability O				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)			
Enter new mailing address, if applicable:	2023 AUG			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
	d 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 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
AMBR	Christine	.L.Ciarcia Diaz	101 Mcx	nater Ave W	XAdd
		•	suite 102	Bradenton,	□Remove
			FL 342	05	□Change
<u>D</u>	Christine	Marcia Diaz	101 Mc	natce Ave W	□Add
				Bradenton,	
			Fi 342	05	□Change
				_	□Add
					□Remove
					□Change
					□Add
					□Remove
					□Change
					□Add
					□Remove
					□Change
					□∧₫d
					□Remove
				<u></u>	□Change

III	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	<del></del>
(If an e	ctive date, if other than the date of filing:
he reco	ord 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 filed.
Date	d <u>08/10/</u> 2023.
	Signature of a member of a member  Christine L. Garcia Olaz  Typed or printed name of signee

Filing Fee: \$25.00