## Q114000411

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

Office Use Only



900420791619

12/27/23--01022--002 \*\*25.00

## **COVER LETTER**

	ation Sec n of Corp		•		
	ORADO A	DVISORS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		JACOB ZHILTSOV			
			Name of Person		
		DORADO ADVISORS LI	.C		
			Firm/Company	<del></del>	
		2155 WASHINGTON CT.	. APT 406		
			Address		
		MIAMI BEACH, FL 3313	9		
		<del></del>	City/State and Zip Code		
		JAKE@DORADO-ADVIS	ORS.COM to be used for future annual rep	net notification)	
For further infor	mation co	neerning this matter, please co		AT HOUTICALON)	7
JACOB ZHILT	SOV		203 767-5	476	
	Name of	Person	Area Coxle	Daytime Telephone Number	
Enclosed is a che	eck for the	following amount:			
■ \$25,00 Filin	ig Fec	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose)	S60,00 Filing Fee, Certificate of Statu  Certified Copy (additional copy is enck	s& `
	g Address tration S		<u>Street Addr</u> Registratio		
Divisi	on of Co	orporations	Division of	f Corporations	
P.O. E	3ox 6321	7	The Centr	e of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORADO ADVISORS LLC		
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	-
he Articles of Organization for this Limited Liability Con	ompany were filed on $\frac{7/19/2023}{}$ and	assigned
orida document number L23000342170	<u></u> .	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ted liability company here:	
e new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRE	ESS)	
		<del></del>
iter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records, enter the name of the	new registe
Name of New Registered Agent:		,—- - ,
		150
N D : 1000 A11		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address . Florida	

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>	Address	Type of Action
AMBR	JUSTIN WILLIAM FINN	10401 ALHAMBRA ST	Add
		OVERLAND PARK, KS 66207	□Remove
			Change
			□ Add
			□Remove
			□Change
<del></del>		<del> </del>	□Add
			□Remove
			□Change =
····			□Add [2],
			□Remove ·
			☐Change
			bbA□
			□Remove
			□Change
	<del></del>		🗀 Add
		<del></del>	□Remove
			□ Chanœ

<del></del>		
		<del></del>
<del></del>		
		<del></del>
		· <del></del>
fective date, if other than the d	late of filing:(optional)	n.
an effective date is listed, the date must be ote: If the date inserted in this blococument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	it to 605.020 be listed ä
•		,
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
DECEMBER 20	2023	
Si	ignature of a member or authorized representative of a member	

Filing Fee: \$25.00