LZ3000403345

(Req	juestor's Name)	
(Add	ress)	
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PICK-UP	WAIT	MAIL
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TO:	Registration Secti Division of Corpo			, ,
			۰.	
SUBJI	ect: <u>Doris</u>	Jones LL	. <u>C</u>	
		Name of Lim	ited Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Doris	Bumbrey Name of Person	
			Name of Person	
			Firm/Company	
		8230 Clea	ary BIVD #2305	
		Plantation	FL 33324 City/State and Zip Code	
			O E gmail dom	
For fur	ther information con-	cerning this matter, please ca		neation)
	Doris Bu	lmbrey	at (<u>443</u>) <u>744-0</u> Area Code Daytim	588
	Name of Po	erson	Area Code Daytim	c Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 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 Se	ction	<u>Street Address:</u> Registration Se	ction

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

Doris Jones LLC	2023 SEP -5 PM 3: 44	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	······································
The Articles of Organization for this Limited Liability Company Florida document number <u>23000403345</u>	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words 'Limited Liabi	lity Company," the designation "LLC" or the	e 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)		

B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	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	
	, Florida	2: 6.1
	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>	Address	Type of Action
MGR	Troy Jones	8230 Cleary BIND 2305	□ Add
		Plantation, FL 33324	ARemove
		□Change	
MGR Doris Bumbrey	Doris Bumbrey	8230 Cleary Blub 2305	
	Plantation FL 33324	□Remove	
			□Change
		□Add	
			🗆 Remove
			□Change
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		□Add	
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		□Change	
			□ Add
			□Remove
			□Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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11010,	ve date, if other than the date of filing:
If the record record is file	I 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
Dated _	August 28 , 2023
	Signature of a member
	Doris Bumbrey Typed or printed name of signee

Filing Fee: \$25.00