## L24 000 022 207

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





900431393459

06/12/24--01021--004 \*\*25.00



## **COVER LETTER**

FO: Registration Section Division of Corporations	
SUBJECT: DOCY COL	
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:	
Name of Berson  Firm Company  Address  City/State and Zip Co	Wics Blud # B3019
E-mail address: (to be used for future am	ual report notification)
For further information concerning this matter, please call:  at (515)  Name of Person  at (60de)	Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy gadditional copy is	Certificate of Status &
Mailing Address: Stree	<u> Address:</u>

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

DODICAL (C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2H00001220A</u>	were filed on 1-C1-2H 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 Liabil	fity 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)	- <u> </u>
) If any distant and any distant	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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>	Name	Address	Type of Action
<u>ugr</u>	Daviel Santona Widin	a snzy Wallard hosorve Tampo rd 33414	L`Add
		Tanipo r-1 33414	Dremove
			□Change
			□Remove
			UChange
			□Add
			⊔Remove
			□Change
			□Remove
			LChange
			□Add
			LIRemove
			□Change
			□Add
			□Remove
			E-01

_	
_	
_	
_	
_	
_	
_	
_	<del></del>
_	
_	
_	
_	
an offec lote: T	re date, if other than the date of filing:
record 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 after the d.
ated _	Signature of a member or authorized representative of a member
,-	1.000
	Signature of a member or authorized representative of a member