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COVER LETTER

70: Registration Section Division of Corporations	
SUBJECT: 0 5005 19h + 000	uction
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	
Denis Lee	Name of Person
Donsigh	Firm/Company
1240 5W	1 fatricia AVC
Port Salv Fortish	City/State and Zip Code alk dennis (a gma), (a m (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Dennis Lec Gottshalk Name of Person	at (772) 20 -7124 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doorsight & rodyctions

(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 200536	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Donsight Projuction LL	
The new name must be distinguishable and contain the words "Li	mited 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 ADL	PRESS PORT Saint LUGE JELBYRES
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 SW Patricia AN Port saint Lucie J-4, 34953
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	Dennis Lee Crottshalk Jr.
New Registered Office Address:	SO SW Patrocia street address
	City City Florida 34Q53

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>	<u>Address</u>		Type of Action
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ite.	ive date, if other than the date of filing: (optional) (optional) dective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
core s fil	d 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 ed.
	June 26th, 2024.
ted_	
ted _.	
ited .	Signature of a member or authorized representative of a member