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COVER LETTER

SUDIECT.	DOTBATA	LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	VAA	OR RENMAR			
		OR REDMAR Name of Person			
	<i>₽</i> 0-7	TRAYA LLC			
		Firm/Company			
	GOIE DANIA	BEACH BLVD, APT	735		
		Address			
	DAWA 8	SEACH 33004			
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	BEDM	IAR - DAVOR @ HOT MA, to be used for future annual report notion	L.COM		
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:	Ci		
DAVOR	BEDMAR	ar (786) E94.5	·		
	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,		
2. 323.00 Filing FCC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Addres		Street Address:			
Registration S		Registration Se			
Division of C P.O. Box 632	-		Division of Corporations The Centre of Tallahassee		
Tallahassee, l			be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOTBAYA L		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DOTBAY LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r 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)		
		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name or the new registi
Name of New Registered Agent:		
New Registered Office Address:		
Trown registered officer rathesis.	Enter Florida street address	
	Flori	da
· · · · · · · · · · · · · · · · · · ·	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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		; 	: □ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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f an effective date is listed Note: If the date insert	er than the date of filing:, the date must be specific and cannot be d in this block does not meet the ste on the Department of State's re-	be prior to date of filing or more to applicable statutory filing re-		
e record specifies a dela d is filed.	yed effective date, but not an effe	ctive time, at 12:01 a.m. on the	he earlier of: (b) The	90th day after the
Dated				
	For			

Filing Fee: \$25.00