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## **COVER LETTER**

	ation Section 1 of Corporations		•
SUBJECT:	Emerald Coast Name of Limit	DOVOLOMONT RE	orthors, L.L.C.
The enclosed Arti	icles of Amendment and fee(s) are subn	nitted for filing.	
Please return all c	correspondence concerning this matter to	o the following:	
		Name of Person	<u>.</u>
		Firm/Company	<del></del>
	PO P	OX 151587	
	Tampa, daniell E-mail address: (10	City/State and Zip Code  C. Griffor Co GM  be used for future annual report notif	C(il.(C))
For further inform	nation concerning this matter, please cal	II:	
Dan	nelle Griffare	a,561,379-3	380
	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a chec	ck for the following amount:		
ව් \$25.00 Filing	Fee \$\Bigcup \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT' TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on llorida document number his amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited 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 ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	<u>Address</u>	Type of Action
<u>1GR</u>	Mielle Giffere	PO BOX 151587	Add
		Tampa, F1.33684	Remove
			Change
<u>ng</u> R	<u>Michael Horan</u>	PO Box 2655	<b>)¤</b> (Add
		Halm Boach, Fl. 3348	
			Change
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		SECRE TALLA	Add
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	Signature of a member or authorized repr	esentative of a member	
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Filing Fee: \$25.00