# 48000032431

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## **COVER LETTER**

TO: Registration Division of C		•	
Douglas	Enterprises, LLC		
30bJEC1		ited Liability Company	<del> </del>
	of Amendment and fee(s) are sub		
Please return all corres	spondence concerning this matter	to the following:	
	Donn G. Scott, CPA		
	Scott & Associates, P.A.	Name of Person	
	801 West Garden St.	Firm/Company	
	Pensacola, Florida 32502	Address	<u> </u>
	dscott@scottcpafirm.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Donn Scott		850 438-7582	
Name	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 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 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

Douglas Enterprises, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 5, 2018 and assigned Florida document number \_ L18000032431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_

### 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
AMBR	David Whitbey	4166 Scooter Lane Milton, FL 32583	
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an eff lote:	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
المارون	January 30 2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00