

LOG 000100901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

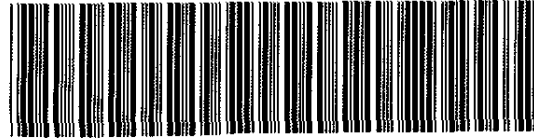
(Document Number)

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EXAMINER



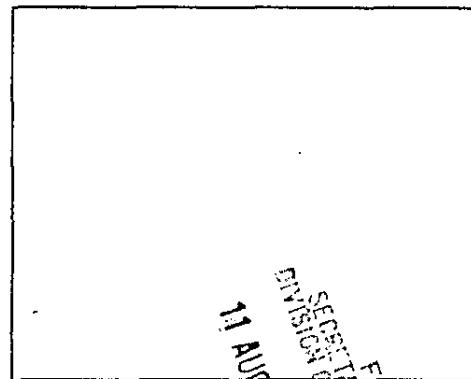
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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

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FLORIDA RESEARCH & FILING SERVICES, INC.
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PHONE (850)656-6446



OFFICE USE ONLY

11 AUG 11 PM 4:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WALK-IN

ENTITY NAME:

DUCATUS ADVISORY LLC

CK# 5344 FOR \$25.00

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

- CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ducatus Advisory, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 PM 4: 05

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Black
Name of Person

Ducatus Advisory, LLC
Firm/Company

5511 N. University Drive, Suite 101
Address

Coral Springs, FL 33076
City/State and Zip Code

michael.w.black@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Black at (**786**) **206-0781**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
31 AUG - 1 PM 4:05

Ducatus Advisory, 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 October 17, 2006 and assigned
Florida document number L06000100901.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5511 N. University Drive, Suite 101
Coral Springs, FL 33076
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 5511 N. University Drive, Suite 101
Coral Springs, FL 33076
(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 Michael Black

New Registered Office Address 5511 N. University Drive, Suite 101
Enter Florida street address

Coral Springs, Florida 33076
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 relating 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 608, 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.


Changing Registered Agent, Signature of New Registered Agent

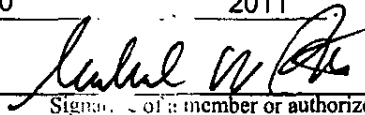
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Tyson Lewis	150 SE 2nd Ave, Suite 901 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Michael Black	5511 N. University Drive, Suite 101 Coral Springs, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 30, 2011



Signature of a member or authorized representative of a member

Michael Black

Typed or printed name of signee