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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ROCA | GONZÁLEZ, P.A.
ATTORNEYS AT LAW

2601 SOUTH BAYSHORE DRIVE
Suite 725
MIAMI, FLORIDA 33133

TELEPHONE 305.859.6050
FACSIMILE 305.859.6051

July 18, 2014

Via Federal Express

Florida Department of State
Registration Section, Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Due Gi, LLC

Dear Sir or Madame

Enclosed please find the following filings and check for Due Gi, LLC:

1. Dissociation or resignation of Member, Manager;
2. Dissociation or resignation of Manager;
3. Articles of Amendment of the company (amending the Principal and Mailing address, the Registered Agent, removing and adding Managers);
4. \$75.00 Filing fee (Check No. 9419).

Please contact the office if you require any further assistance on this matter.

Respectfully,

Beatrice Pacifici
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DUE GI, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Antonio L. Roca, Esq.

Name of Person

ROCA GONZALEZ, PA

Firm/Company

2601 S. Bayshore Drive, Suite 725

Address

Miami, FL 33133

City/State and Zip Code

CKAHL@RGPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Kahl

Name of Person

at **305 859-6050**

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

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

MGR = Manager
 AMBR = Authorized Member

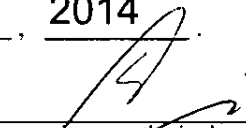
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIORGIO MARIANI	40 SW 13th Street	<input type="checkbox"/> Add
		Suite 204	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	
MGR	SIMONE BERNERI	2601 South Bayshore Drive	<input checked="" type="checkbox"/> Add
		Suite 725	<input type="checkbox"/> Remove
		Miami, FL 33133	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 15th, 2014



Signature of a member or authorized representative of a member
SIMONE BERNERI, Manager

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA