L14000055224

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COVER LETTER

DUET IT C	ONSULTING LLC.		
TUBJEC1:	Name of Lim	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:	
	ERICA S. COUTO		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	DUET IT CONSULTING	LLC	
		Firm/Company	
	3000 NE 188TH STREET	, APT: 303	
		Address	
	MIAMI- FL 33180		
		City/State and Zip Code	
	EFRAN_76@HOTMAIL.C		
		to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
ERICA S COUTO		954 842-0550	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUET IT CONSULTING LLC.				
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company lorida document number L14000055224		and assigned		
This amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
AMNIS GLOBAL LLC.				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Inter new principal offices address, if applicable:	15805 BISCAYNE BLVD, SUITE: 201			
Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI, FL 33160			
				
inter new mailing address, if applicable:	15805 BISCAYNE BLVD, SUITE: 201			
Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI, FL 33160			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the nam	e of the new registe		
Name of New Registered Agent:		٠ ١		
New Registered Office Address:				
	Enter Florida street address			
	, Florida	L3		
	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, 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>	Address	Type of Action
			□Remove
			□Change
			□Add
		 	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			☐ Remove
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Effec	tive date, if other than the	e date of filing:		(optional)	
Note:	tive date, if other than the ffective date is listed, the date mu. If the date inserted in this benent's effective date on the I	lock does not meet the appli-	cable statutory filing	ore than 90 days after filing.) Fig requirements, this date w	Pursuant to 605,0207 (2 ill not be listed as th
	ecord specifies a delaye e 90th day after the rec		ot an effective ti	me, at 12:01 a.m. or	n the earlier of:
Dated	MARCH, 31	2021	·		
	En	Signature of a member or audi	actionized representative	of a member	
			,		
	ERICA S COUTO				

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Filing Fee: \$25.00