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COVER LETTER

TO: Registration Se Division of Cor			
D. James D	uplechin, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter	-	
	D. James Duplechin		
		Name of Person	
	D. James Duplechin, LLC		
		Firm/Company	
	1512 East John Sims Pkwy	r#304	
	 	Address	
	Niceville, FL 32578		
		City/State and Zip Code	
	djamesdlaw@yahoo.com E-mail address: (to be used for future annual report noti-	tication)
For further information c	oncerning this matter, please co	·	,
D. James Duplechin		850 585-3811	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	17	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D. James Duplechin, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000113878</u>	y were filed on April 27, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		2000 HJ.
		σ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		k: 2
	-n.e-	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>ent</u>	er the name of the new registered
	Enter Florida street addi	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
If Cha:	nging Registered Agent, <u>Signatur</u>	e 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
AMBR	Deborah M. Duplechin		□Add
		4487 Woodbridge Road, Niceville, FL 32578	≡ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:		,,_,	
Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695 0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated May 12 2020 Signature of a member of authorized representative of a member			
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	Dated	May 12 . 2020	\mathcal{T}
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D. James Duplechin	_	Signature of a member or authorized	representative of a member
•		D. James Duplechin	

Filing Fee: \$25.00