## L0000007605

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



200354792762

11/13/20--01007--021 \*\*30.00

020 HOY 13 PM 1:33

CD 17 (C)

Division of Cor	porations			
DOUS INT	ERNATIONAL IMPORT-EXPO	ORT, L.L.C.		
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	DENNIS BERMUDEZ			
		Name of Person	<del></del>	
	BERMUDEZ AND ASSOC	TATES		
		Firm/Company	<del></del>	
	300 S.W. 107th AVENUE S	SUITE 204		
		Address	<del></del>	
	MIAMI FL. 33174.			
		City/State and Zip Code		
	debermudez@hotmail.com	be used for future annual report noti	tication	
For further information of	concerning this matter, please cal	·		
Dennis Bermudez	Person of Person		OY 305-803-840 e Telephone Number	19
Enclosed is a check for t	he 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 enclose	

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

, DOUS INTE	RNATIONAL IMPORT-EXPORT, L.L.	C
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	/2000 and assigned
lorida document number L00000007605		
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of	of the limited liability company here	:
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	
nter new principal offices address, if appli	cable:	2020 NOV
Principal office address MUST BE A STREA	70 TI	
		<del></del>
		15 .
		PH .
Enter new mailing address, if applicable:	· ω	
Mailing address MAY BE A POST OFFICE	<u></u>	ω
3. If amending the registered agent and/or gent and/or the new registered office addre		ords, enter the name of the new regist
Name of New Registered Agent:	JAVIER IGNACIO DOUSDEBES C	CORREA
New Registered Office Address:	2080 S. OCEAN DR APT 14O5	
	Enter Florida	street address
	HALLANDALE BEACH	Florida <sup>33009</sup>
	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 anrending 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
MGR	JAVIER IGNACIO DOUSDEBES	2080 S. OCEAN DR. APT 1405	<b>≡</b> Add
		HALLANDALE BEACH FL. 33009	□Remove
			□Change
MGR	EDUARDO DOUSDEBES	2080 S. OCEAN DR. APT 1405	□Add
		HALLANDALE BEACH FL. 33009	Remove
			202 □ Change NOV □ Add
			- ·
			PRemove
			□Change
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			□Change
			🗖 Add
		<u></u>	□Remove
			□Change

		· <del></del>			
				<u>.                                    </u>	
	•				
		<u></u>			
			<u> </u>		_
		<del>.</del>		2070	
				2070 NO'	<b>─</b> ₹ '
				<u>~</u>	۲ * ن
	<u></u>			PH	
			<u> </u>	. ω	
<u></u>	<del></del>			ັພ_	
			<del>-</del>		
fective date, if other than the date of filing:	applicable sta	f filing or more t		iling.) Pursuant to	
rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re- ecord specifies a delayed effective date, but not an effe	be prior to date of applicable state ecords.	f filing or more to	han 90 days after t quirements, this	iling.) Pursuant to date will not be	listed a
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be ter. If the date inserted in this block does not meet the cument's effective date on the Department of State's research specifies a delayed effective date, but not an effective date.  November 3rd. 2020	be prior to date of applicable state ecords. ctive time, at	f filing or more to	han 90 days after t quirements, this	iling.) Pursuant to date will not be	listed a
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be ote:  If the date inserted in this block does not meet the ocument's effective date on the Department of State's record specifies a delayed effective date, but not an effective filed.  November 3rd.  Signature of a member	be prior to date of applicable state ecords.  ctive time, at or authorized re	f filing or more toutory filing re	han 90 days after to quirements, this ne earlier of: (b)	iling.) Pursuant to date will not be	listed a