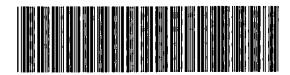
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## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	DUNC	AN USA, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
	F	RAFAEL M. DUNCAN				
	Name of Person					
DUNCAN USA, LLC						
	Firm/Company					
	1337 SW SULTAN DR					
		Address	<del></del>			
	PORT	F SAINT LUCIE, FL 34953				
	City/State and Zip Code					
	MO	MORGAN@CNC4PC.COM				
	E-mail address: (	to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please of	call:				
RAFA	EL M. DUNCAN	at (_772 )	240-9579			
Name of Person		Area Code & Daytime				
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 enclosed)			

то:

**Registration Section** 

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

DUNCAN USA LLC

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SEURETARY OF STATE

(Name of the Limited Liab (A Flor	oility Company as it now appearida Limited Liability Company)	rs on our records.)	<del>E. NEOR</del> ID'A
The Articles of Organization for this Limited Liabili Florida document number		01/03/2005	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	nny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	-	, Florida	7: 6 1
	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 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.

If 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 **Title** <u>Name</u> **Type of Action** <u>Address</u> **MGRM** RAFAEL M. DUNCAN 1337 SW SULTAN DR ✓ Add PORT SAINT LUCIE, FL 34953 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEB. 20 2012 Dated \_\_\_\_ Signature of a member or authorized representative of a member RAFAEL M. DUNCAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00