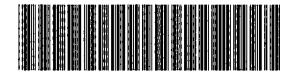
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DUNCAN USA 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:

EDGAR ARMANDO ARCILA

Name of Person

XACTO TAX SERVICES LLC

Firm/Company

810 SW GLENVIEW CT

Address

PORT ST. LUCIE, FL 34953

City/State and Zip Code

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

For further information concerning this matter, please call:

Edgar Armando Arcila

772 834-1190

Name of Person

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)

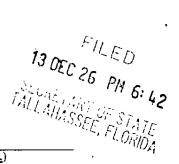
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DUNCAN USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on 01/03/05	and assigned
Florida document number L05000000664	 .	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I		
B. If amending the registered agent and/or registered agent and/or the new registered off		ds, enter the name of the new
Name of New Registered Agent:		···
New Registered Office Address:	Enter Florida	a street address
		Florida
	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

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Arturo E. Duncan	1337 SW Sultan Dr	Add
		Port St. Lucie, FL 3495	Remove
<u>VP</u>	Aura G. Duncan	1337 SW Sultan Dr	Add
		Port St. Lucie, FL 3495	Remove
SEC	Rafael M. Duncan	1337 SW Sultan Dr	Add
		Port St. Lucie, FL 34953	Remove
MGRM	Martha Ortiz	6511 SW 9th Street	Add
		Pembroke Pines, FL 33029	Remove
MGR	Rafael M. Duncan	1337 SW Sultan Dr	Add
		Port St. Lucie, FL 34953	Remove
		Ownership 26%	_
MGRM	Arturo E. Duncan	137 SW Sultan Dr	Add
—		Port St. Lucie, FL 34953	Remove
		Ownership 74%	_

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	lease delete Martha Ortiz from Article V
	
Dated Dec	cember 15 2013
Dated	mlias
	Signature of a member or authorized representative of a member
	RAFAEL M. DUNCAN
	Typed or printed name of signee

yped of printed name of

Page 3 of 3

Filing Fee: \$25.00