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### **COVER LETTER**

	degistration Se Division of Cor			4
SUBJECT	DUNCAN	USA LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		EDGAR ARMANDO AF	RCILA	
		XACTO TAX SERVICES	Name of Person LLC	
		810 SW GLENVIEW CO	Firm/Company URT	
		PORT ST., LUCIE, FLOR	Address RIDA 34953	
		xactotax@Gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further	r information co	oncerning this matter, please co	all:	
Edgar An	mando Arcila		772 834-1190 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	e 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 Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	_iability Company were filed on _	and assigned
lorida document number 1.05000000664		
his amendment is submitted to amend the fol	lowing:	
a. If amending name, <u>enter the new name</u>	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	3 <sub>2</sub> 9
		E E -1
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		# F
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<ol> <li>If amending the registered agent and egistered agent and/or the new registered or</li> </ol>		n our records, enter the name of the n
Name of New Registered Agent:	GABRIEL DUNCAN	
New Registered Office Address:	5352 BRIN WAY	
	Enter Flo	orida street address
	IMMOKALEE	Florida <sup>34142</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 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>	Name	Address	Type of Action
MGR	RAFAEL M DUNCAN	1337 SW SULTAN DR	
		<del></del>	
		PORT ST. LUCIE, FL 34953	
			■ Remove
		26%	
			☐ Change
MGR	GABRIEL DUNCAN	5352 BRIN WAY	
			B ∧dd
		IMMOKALEE, FLORIDA 34142	
			□ Remove
		26%	
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ffaati	date, if other than the date of filing: (optional)	
ian effe <u>Note:</u>	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 's effective date on the Department of State's records.	nt to 605.0207 t t be listed as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.	e earlier of
Notael	EPTEMBER 24TH 2018	
Dated _		

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Typed or printed name of signee

Filing Fee: \$25.00