## L06000038405

(Re	questor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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21 APR 12 ANIO: 39

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Corp	porations		
	DUC Pompa			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Ghulam H. Usman		
			Name of Person	
		DUC Pompano, LLC		
			Firm/Company	
		61 NE 1st Street		
			Address	
		Pompano Beach, Florida 3	3060	
			City/State and Zip Code	
		joeusman@gmail.com		
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation co	oncerning this matter, please ca	all:	
Robert N. H	artsell, Esq.		954 778-1052 at ( )	
	Name of	Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for the	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)
	iling Address gistration S		Street Address: Registration S	Section
Div	vision of Co	orporations	Division of C	orporations
P.C	D. Box 6323	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

at the table of GRAN as

DUC POMPANO, LLC

21 APR 12 AH 10: 39

(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 Liability Company	were filed on APRIL 13, 2006	and assigned
Florida document number L06000038405		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre	ee to act in this capacity. I fu	rther agree to comply with th

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 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

 16.00 (1.10)	: ::::::::::::::::::::::::::::::::::::	St. M.	٧,
264.2655	J. G		

21 APR 12 AH 10: 39 **Type of Action Address** <u>Title</u> <u>Name</u> Ghulam Usman 61 NE 1st Street manager \_\_\_\_\_ □Add Pompano Beach, Florida 33060 \_\_\_\_\_ Change \_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_ □Add □ Change □Remove \_\_\_\_\_ □Change \_\_\_\_ DAdd \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change

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