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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DUEB Enterprises, 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:	
Daniel B. Wesley (Name of Person)	
DWEB Enterprises, LLC (Firm/Company)	
1850 Mira Lago Circle	
Rusicin, FL 33570 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Daniel B. Wesley at (813) 476-0332 or (8 (Area Code & Daytime Telephone Number)	21 <b>3</b> 160 <b>9</b> -890 7
	FILE -7 ASSE
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy Certificate of Certified Copy (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Coopy (additional copy is enclosed)} Certified Coopy (additional copy is	fs魔晶& 舌

**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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on $O2/14/2008^{\circ}$ Florida document number $L08000016392$ .	and assigne	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LL.L.C."	.C" or the abbre	viation
3. If amending the registered agent and/or registered office address on our records, <u>enter the registered agent and/or the new registered office address here:</u>	e name of th	e new
Name of New Registered Agent:	D8 MAR -7 SECRETAN TALLAHASSI	
Name of New Registered Agent.  New Registered Office Address:  (Enter Florida street address)	PH I: L	<del></del>
(City), Florida	(Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registered Agent:		

(If Changing Registered Agent, Signature of New 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.

MGR = Manager MGRM = Managing Member **Type of Action Address Title** <u>Name</u> Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated authorized representative of a member

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:

Page 2 of 2

Filing Fee: \$25.00