

**L0800003899**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

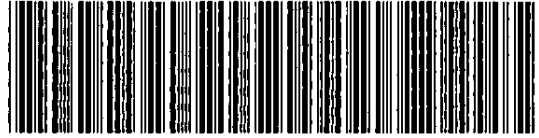
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 10 AM 11:53

T. HAMPTON  
JUL 13 2009  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D'PAULOS DUKAS 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:

DOUKAS, PAUL  
Name of Person

D'PAULOS DUKAS LLC  
Firm/Company

2735 BIG PINE OR  
Address

HOLIDAY FL 34653  
City/State and Zip Code

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

For further information concerning this matter, please call:

DOUKAS, PAUL at (727) 519-3258  
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**

D'PAVLOS DUKAS 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 Liability Company were filed on 09/22/04 and assigned Florida document number 208000038991.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
*(Principal office address MUST BE A STREET ADDRESS)*

DOUKAS, PAUL  
2735 Big Pine Dr  
Holiday FL 34691

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

DOUKAS, PAUL  
2735 Big Pine Dr  
Holiday FL 34691

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

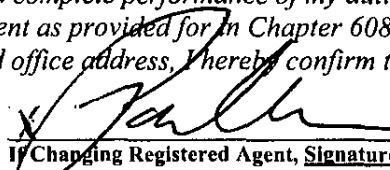
Name of New Registered Agent: DOUKAS, PAUL

New Registered Office Address: 2735 Big Pine Dr  
Enter Florida street address

Holiday, Florida 34691  
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.*

  
Paul Doukas  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Doukas, Paul	2735 Big Pine Dr Holiday Fl 34691	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DUKES, DAVID	4602 VOORHEES RD NEW Port Richey Fl 34653	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brunelle, Jimmy	10130 DEER LN NEW Port Richey Fl 34654	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

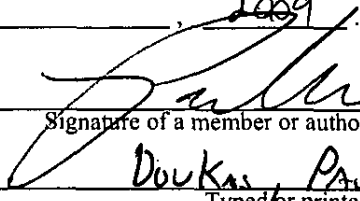
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 DIVISION OF CORPORATIONS  
 09 JUL 10 AM 11:53

Dated 7-6-09, 2009

X

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Doukas, Paul  
 \_\_\_\_\_  
 Typed or printed name of signee