

LD8000052594

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

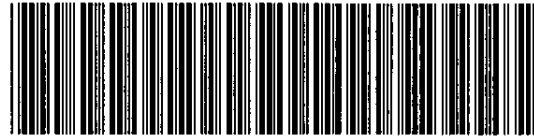
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Duke on the Sea, 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:

Linda S. Willis

Name of Person

Duke on the Sea, LLC

Firm/Company

437 E. Monroe St., Suite 100

Address

Jacksonville, FL 32202

City/State and Zip Code

silky437@aol.com

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

For further information concerning this matter, please call:

Linda S. Willis

Name of Person

904 910-8276

at ()

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**

Duke on the Sea, 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 May 27, 2008 and assigned
Florida document number L0800052594.

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)

437 E. Monroe Street, Suite 100

Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

437 E. Monroe Street, Suite 100

Jacksonville, FL 32202

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:

Braxton Adamson

New Registered Office Address:

437 E. Monroe Street, Suite 100

Enter Florida street address

Jacksonville

City

Florida

32202

Zip Code

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SECRETARY OF STATE

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:

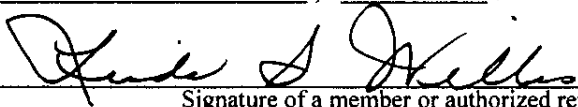
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Braxton Adamson	437 E. Monroe Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
MGRM	David M. Boon	3625 Holly Grove Ave.	<input type="checkbox"/> Add
		Jacksonville, FL 32217	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

This Amendment supersedes and corrects the information
contained in Document #08000052594, filed September
20, 2012, without having been properly authorized.

Dated November 20, 2012



Signature of a member or authorized representative of a member

Linda S. Willis

Typed or printed name of signee

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Filing Fee: \$25.00