(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	·	
Special Instructions to	Filing Officer:	
		:

Office Use Only



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C. LEWS
DEC 10 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS <u>WANTS YOU TO KNOW...</u>

Business Identity Theft is a broad term that encompasses a wide variety of crimes involving the unauthorized use of a business identity. Small and midsize companies are tempting targets for criminals. 60% of small businesses close within a year of being victims. In an effort to be more business friendly and to heighten security, the Department of State has instituted an e-mail notification process whereby business entities are sent e-mail notices when any changes are made to their records. This e-mail notice will be sent to the previous e-mail address of record. If the change was not authorized by a principal of the business entity, you will be able to notify the Department utilizing a link provided in the e-mail.

The 2012 Florida Statutes

817.155 Matters within jurisdiction of Department of State; false, fictitious, or fraudulent acts, statements, and representations prohibited; penalty; statute of limitations.—A person may not, in any matter within the jurisdiction of the Department of State, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent statement or entry. A person who violates this section is guilty of a felony of the third degree, punishable as provided in s. <u>775.082</u>, s. <u>775.083</u>, or s. <u>775.084</u>.

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: Duke	on the Sea, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	David Boon	
	Name of Person	
	Duke on the Sea, LLC	
	Firm/Company	
	3625 Holly Grove Avenue	
	Address	
	Jacksonville, FL 32217	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
David Boon	904 ₃ 71-2606	
Name of		
Enclosed is a check for the		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	:d)

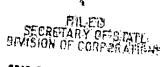
MAILING ADDRESS:

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



2012 DEC -7 PM 2: 01

(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appear liability Company)	s on our records.)
The Articles of Organization for this Limited L Florida document number <u>L08000052594</u>	iability Company	were filed on Ma	y 27, 2008 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company her	2:
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limi	ted Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	3625 Holly G	rove Avenue
(Principal office address MUST BE A STRE)	ET ADDRESS)	Jacksonville,	FL 32217
Enter new mailing address, if applicable:		3625 Holly G	rove Avenue
(Mailing address MAY BE A POST OFFICE	BOX)	Jacksonville,	FL 32217
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	David Boor	<u>e</u> :	our records, enter the name of the new
·		Ent	er Florida street address
	Jacksonville	е	, Florida <u>322</u> 17
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending or Managin	g the Managers or Managing Members <u>g Member being added or removed fro</u>	on our records, enter the title, name, and address on our records:	of each Manager
MGR = Ma MGRM = M	nager Ianaging Member	s on our records, enter the title, name, and address on our records: ### OUT TO PH 2	TATE ATTEMENT
<u>Title</u>	Name	Address	· U / [ype of Action
MGRM	David Boon	3625 Holly Grove Avenue	Add
		Jacksonville, FL 32217	Remove
MGRM	Braxton Adamson	437 East Monroe Street	- Add
		Suite 100	Remove
		Jacksonville, FL 32217	-
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	ation, enter change(s) here: (Attach additi	2812 DEC
	·	2012 DEC -7 PM
		
December 4	2012	
December 4	<u>2012</u>	

Page 3 of 3

Filing Fee: \$25.00