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| (F | Requestor's Name) |
|------------------------|-------------------------|
| (A | Address) |
| | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | MAIL MAIL |
| (E | Business Entity Name) |
| 1) | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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COVER LETTER

| TO: | Registration : Division of C | | | |
|-----------|---------------------------------|---|---|--|
| CHDIE | The Dunc | can Duo, LLC | | |
| SUBJE | | Name of Lin | nited Liability Company | |
| The enc | closed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please r | etum all corresp | oondence concerning this matter | to the following: | |
| | | Angela Duncan | | |
| | | *************************************** | Name of Person | |
| | | | Firm/Company | |
| | | PO Box 320792 | | |
| | | | Address | |
| | | Tampa, FL 33611 | | |
| | | | City/State and Zip Code | |
| | | Angela@TheDuncanDuo.c | om to be used for future annual report notifi | cation) |
| For furti | her information | concerning this matter, please c | • | canony |
| Angela | Duncan | | 813 359-8990 at () | |
| | Name | of Person | Area Code Daytime | Telephone Number |
| Enclose | d 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) |

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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

The Duncan Duo, 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 8/27/2008 and assigned Florida document number _____L08000081845 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Andrew S. Duncan, LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 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 Changing Registered Agent, Signature of New Registered Agent

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 |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|---------------------------------|
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| | | | □ Remove |
| | | | ☐ Change |
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| | | | ☐ Remove |
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| . | | | □ Add |
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| | | | ☐ Change |
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| | | www.delectron. | ☐ Remove |
| | | | □ Change |

| 2. If amending any other information, enter change(s) here: (Attach additional | |) |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records. | (optional) than 90 days after filing.) I quirements, this date w | Pursuant to 60500207 (|
| he record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed. | e, at 12:01 a.m. o | n the earlier of: |
| Dated April 6, 2016. | | |
| Signature of a member or authorized representative of a | member MIn | 129 |
| Angela Duncan | U | |
| Typed or printed name of signce | | |

Page 3 of 3

Filing Fee: \$25.00