

LD9000108683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

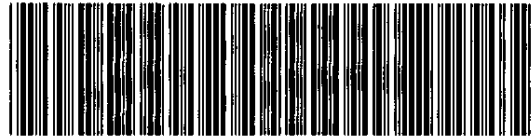
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900182338429

06/21/10--01015--018 **25.00

FILED
10 JUN 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 22 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Duo Management 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:

Salvador Coppola

Name of Person

Duo Management, LLC

Firm/Company

1717 N Bayshore Dr # 215 /

Address

Miami, FL 33132

City/State and Zip Code

SALCOPP @ AOL.COM

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

For further information concerning this matter, please call:

Salvador Coppola

Name of Person

at 305, 607-5091

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

FILED
10 JUN 21 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Duo Management, 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 November 12, 2009 and assigned
Florida document number LO9000108683

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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**)

N/A

Same as Corporate

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

Same as Corporate

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:

SALVADOR COPPOLA

New Registered Office Address:

1717 N. BAYSHORE DR. #2151

Enter Florida street address

MIAMI

Florida

33132

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.

John Coppola
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

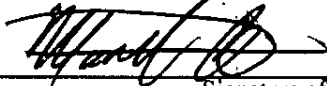
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SALVADOR Coppola	1717 N. Bayskore Dr. #2151 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marcello Coppola	1717 N. Bayskore Dr. #2151 MIAMI, FL 33132	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
10 JUN 21 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated June 14, 2010.



Signature of a member or authorized representative of a member

MARCELLO COPPOLA

Typed or printed name of signee