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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR -9 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dukes Construction Company
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:

Derrick Dukes

Name of Person

Dukes Construction Company, LLC

Firm/Company

2217 SW Newport Isles Blvd

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

Derrick@Dukes-Construction.com

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

For further information concerning this matter, please call:

Derrick Dukes

Name of Person

at (561)

719-9709

Area Code & Daytime Telephone Number

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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

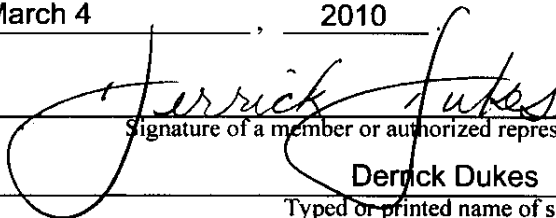
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Derrick Dukes	2217 SW Newport Isles Blvd. Port Saint Lucie, FL 34953	☒ Add ☐ Remove
			☐ Add ☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 4, 2010



Signature of a member or authorized representative of a member
Derrick Dukes

Typed or printed name of signee

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SECRETARY OF STATE