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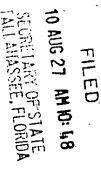
â,				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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COVER LETTER

го:	Registration Section Division of Corpora						
SUBJE	CCT:	Dukes Constru	uction Company, LLC				
		Name of Limi	ted Liability Company	······································			
The end	closed Articles of Ame	ndment and fee(s) are sub	omitted for filing.				
Please	return all corresponder	ce concerning this matter	to the following:				
	_		Derrick Dukes				
		D. L 4	Name of Person				
	-	Dukes (Construction Company, LLC Firm/Company	<u> </u>			
		2217	7 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 fur	ther information conce	rning this matter, please o	·				
		k Dukes	αι (·)	719-9709			
Name of Person			Arca Code & Daytime	: Telephone Number			
Enclose	ed is a check for the fo	llowing amount:					
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Should be seen that the seen t			

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

FILED 10 AUG 27 AM 10: 48

Dukas Canstructio	n Company, LLC TALLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records,)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/02/2010 and assigned
Florida document numberL10000023137	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2217 SW Newport Isles Blvd
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, FL 34953
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fioriaa street aaaress
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGRM	Leon Roman Camarda	764 SE River Court Port Saint Lucie, FL 34953	Add ☑ Remove			
MGRM	Derrick Dukes	2217 SW Newport Isles Blvd. Port Saint Lucie, FL 34953	Add Remove			
CEO	Derrick Dukes	2217 SW Newport Isles Blvd. Port Saint Lucie, FL 34953	Add Remove			
<u></u>			Add Remove			
			Add Remove			
			AddRemove			
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	cary.)			
			10 AUG 27 AM SEUNETARY OF			
Dated	Merrick	2010 . Liber of authorized representative of a member	AM 10: 1.8 OF STATE FLORIDA			
		Derrick Dukes ped or printed name of signee				
	• 71	,				

Page 2 of 2

Filing Fee: \$25.00