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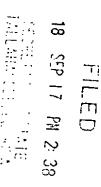
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(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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5. NAONS SEP 2.0 2018

COVER LETTER

Division of Co	Section Orporations		
SUBJECT:	NDU REPUTY,	LLC nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	DUBA	Name of Person	
	ANDU	REALTY, LLC Name of Limited Liability Company and fee(s) are submitted for filing. In and fee(s) are submitted for filing. DUBAN OLARTE Name of Person ANDU REALTY, LLC Firm/Company 2947 ATWODD DL Address CLEARWATTER, FL 33761 City/State and Zip Code duan planted hotmand. Com E-mail address: (to be used for future annual report notification) and mist matter, please call: and G17 Area Code Daytime Telephone Number Amount: Diffing Fee & S55.00 Filing Fee & Cappaigners.	
	2947 F	ATWOOD DR	
	CLEAR	WATER, FL 33	761
	<u>avvano</u>	larte a hotmail.	Com fication)
For further information c	oncerning this matter, please ca		
DUBAN C	LARTE f Person		-7124 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 10000119489 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the sorreviation "LLC." 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 of the no 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

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr_	DUBAN OLARTE	V947 ATWOOD DR CLEAREWATER, FL 79761	Add
		CLEARWARDE, FL 79761	🗆 Remove
			Change
			
			□ Remove
			Change
		SEP SEP	☐ Add
		PW	Remove
		38	□ Change
			Add
			Remove
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ated <u>8 - 2</u>	7-18						
	ح			-			
		Signature of a m	ember or authori.	representative	of a member		
				_			

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

Page 3 of 3

Filing Fee: \$25.00