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SECRETARY OF SIALL
DIVISION OF SURPORATION

19 IIIN -8 PH 12: 21

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1/14 Duva   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:
MAUREEN F. JOHNSON Name of Person
1114 Daval LLC d/b/a Sweet Tea's
1114 Dural Street  Address  Key West, FL 33040  City/State and Zip Code
Key West, FL 33040 City/State and Zip Code
E-mail address: (to be used for future annual geport notification)
For further information concerning this matter, please call:
MAURETU F. JOHNSON at (305) 509-7451  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SECRETARY OF STATE VISION OF CORPORATIONS

12 JUN -8 PH 12: 21 (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 Dec. 21, 2010 and assigned Florida document number L1000013 0115 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 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) 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 new registered agent and/or the new registered office address here: MAUREEN F. JOHNSON

1114 DUVAL Street

Enter Florida street address

Key West , Florida 33040

City Zip Code Name of New Registered Agent: New Registered Office Address:

## 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.

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Lloyd P Brewer Jr	3340 M. Roosevelt Blud Suite 6 Icey West, FL 33040	Add Remove
MGRM	George E. Riordon	2029 SE 15th Street. Cape Corcl, FL 33990	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF CO 12 JUH -8
Dated	Left for	012. L. III	PHIZ: 21
	Lloyd P	Brever TTTed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00