#/ 1/000093840

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(City/State/Zip/Phone #)
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K.SALY EXAMINER JUN 10 2013

COVER LETTER

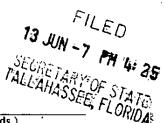
Division of Corp			
SUBJECT:	Dufur	-, LLC	
	Name of Limit	ted Liability Company	
.The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dani	el Suba	
	Serbi	Firm/Company	hes P.A.
	2975	NE 19187 S	treet Soute 80
	<u> </u>	Address	
	Aunto	na fl 33	180
	[w	City/State and Zip Code	fun. on
	E-mail addressa (t	o be used for future annual report notificati	on)
For further information co	oncerning this matter, please c	all:	
Dan	d Serber	38 9326	262
Name of	Person	Area Code & Daytime Te	
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DUFUR, 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 Liabilit	ty Company were filed on 08/15/	2011 and assigned
Florida document number L11000093840	 .	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter I	Florida street address
		, Florida
	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.

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>	Address	Type of Action
MGR	S & A Company Management, LLC	2875 NE 191st Street, Suite 80	1 Add
		Aventura, FL, 33180	Remove
MGR	Gabriel Pestalardo	2875 NE 191st Street, Suite 80	1 Add
		Aventura, FL, 33180	Remove
MGR	Carlos Maria Pestalardo	2875 NE 191st Street, Suite 80	1 Add
		Aventura, FL, 33180	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

).	If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>	
at	 ted	June 4, 2013.
		Signature of a member or authorized representative of a member
	-	Typed or printed name of signee .

Page 3 of 3

Filing Fee: \$25.00