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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 10 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dubis and Associates 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:

TAMARA DUBIS

Name of Person

DUBIS AND ASSOCIATES

Firm/Company

501 KNIGHTS RUN APT 1205

Address

TAMPA, FL 33606

City/State and Zip Code

TAMARA DUBIS@HOTMAIL.COM

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

TD

tamaradubis@gmail.com

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TAMARA DUBIS

Name of Person

at ( 813 )

408-9307

Area Code & Daytime Telephone Number

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Dubis and Associates 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 Liability Company were filed on 01/24/2012 and assigned  
Florida document number L12000010869.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

Tamara Dubis

501 KNIGHTS RUN APT 5102

Tampa, FL 33602

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

501 KNIGHTS RUN APT 5102

Tampa, FL 33602

**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:**

Name of New Registered Agent:

Tamara Dubis

New Registered Office Address:

501 KNIGHTS RUN APT 5102

*Enter Florida street address*

Tampa

, Florida

33602

*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Tamara Dubis	501 KNIGHTS RUN APT 5102 TAMPA, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

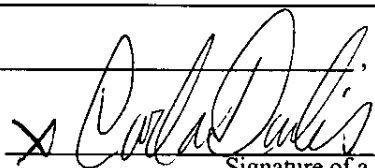
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
12 MAY - 9 PM 3:53  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

X 

Signature of a member or authorized representative of a member

CARLA DUBIS

Typed or printed name of signee