# <u>L12000049455</u>

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B. BOSTICK

SEP 0 4 2013

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Duelity Lessynes WA LCC
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:
Jone Menerdez
Name of Person
Chalify Kotonius VII ICL Firm/Company
12163 Bogld St
Soring Holl 19 34608
City/Stale and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (717) 534-9613  Area Code & Daytime Telephone Number  On the Code of Person  Area Code & Daytime Telephone Number  On the Code of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

(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 Compan	y were filed on	4-11-1	Za	ınd assig	gned
Florida document number <u>U2000049455</u> .			ĪĀL.	2013	
This amendment is submitted to amend the following:			CRE I	2013 SEP :	
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	SSEE. E	-3 PK	
The new name must be distinguishable and end with the words "Lin "L.L.C."		·	픺	0	
Enter new principal offices address, if applicable:	1002	Sd	wich Are		- A
(Principal office address MUST BE A STREET ADDRESS)	tampo	<u>, F1</u>	33629	·	
Enter new mailing address, if applicable:	1002 S	ch	urch Au	3+	A
(Mailing address MAY BE A POST OFFICE BOX)	Tampa	. FI	33629		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our recor	ds, enter the n	ame of	the new
Name of New Registered Agent:					
New Registered Office Address:		<del></del>			
	En	ter Florid	a street address		
		,	Florida		
	City		Zij	o 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manag MGRM = Man	MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address <u>T</u>	vpe of Action			
			Add			
			Remove			
			Add			
			Remove			
			- -			
		TALL SEL	Add 2			
	·	AHASSE	Remove FP -3			
		FLORID)	Add "			
			Remove			
			Add			
			Remove			
			Add			
			Remove			

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- '	
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d	
.u	<u>,</u>
	$\lambda M \lambda$
	Signature of a member or authorized representative of a member
	Jose Menerdez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECREMENT OF COME