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SECRETARY OF STATE

COVER LETTER

TO: Degistration Sec Division of Corp			
SUBJECT:	AWAZAOMT Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	•
Please return all correspon	dence concerning this matter t	o the following:	·
	NATI	ARSHA D NESBI Name of Person	
	ANAZ	HOMT LLC Firm/Company	
	5710	Hoover BIVD.	
	TAMPA	FL 33634 City/State and Zip Code	<u></u>
	E-mail address: (to	to be used for future annual report notification	TH, CDM
For further information co	ncerning this matter, please ca	11:	
Do JG B Name of	eekoff Person	at (<u>813</u>) <u>882</u> <u>450</u> Area Code & Daytime Te	lephone Number
Enclosed is a check for the	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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2013

NATARSHA D. NESBITT 5710 HOOVER BLVD. TAMPA, FL 33634

SUBJECT: DUCERE CORPORATION LLC

Ref. Number: W13000026703

We have received your document for DUCERE CORPORATION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION. Verify the spelling of the name. Cant read if it is Ducere or Dugere??." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 813A00011026

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

FILED 2013 MAY 17 PH 3: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANDZODNI 110		•
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 1200092765</u> .		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here	;
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5AME	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on o	ur records, <u>enter the name of the new</u>
Name of New Registered Agent: 5A	in e	
New Registered Office Address:		
	Ent	er Florida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager	•	Zip Code
and the second of the second sec	<u></u>	

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
	<u>-</u>		Add
			<u> </u>
	•		Remove
			
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D. If amending any other information, enter change(s) kere: (Attach additional sheets, if necessary.)			
	•		
·			
,			
	•		
Dated_	May 5 th , 2013 .		
·			
	Signature of a member or authorized representative of a member		
	Jake Beckel		
	Typed or printed name of signee		
•	Page 3 of 3		

Filing Fee: \$25.00

