

L130000005412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

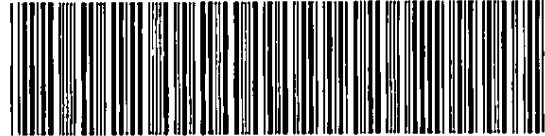
(Document Number)

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2018 NOV -9 AM 8:06
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18 NOV -9 AM 8:38

Nov - 9 -
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUCKY'S OF SOUTH TAMPA, 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:

Christopher Cruz
Name of Person

DUCKY'S OF SOUTH TAMPA
Firm/Company

1719 W. Kennedy Blvd
Address

TAMPA, FL 33606
City/State and Zip Code

Chiscruz8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Cruz at (727) 480-8819
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Ducky's of South Tampa, 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 1/10/2013 and assigned
Florida document number L13000005412

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 contain 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)

1719 W. Kennedy Blvd
TAMPA, FL 33606

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:

Christopher Cruz

New Registered Office Address:

1719 W. Kennedy Blvd

Enter Florida street address

TAMPA

City

Florida

33606

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 605, 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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith M. Goan	3705 N. Himes Ave	<input type="checkbox"/> Add
		Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	South Lela Lang Gueque	110 North 11th Street	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony J. Prieto	3705 N. Himes Ave	<input type="checkbox"/> Add
		Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Cruz	1719 W. Kennedy	<input checked="" type="checkbox"/> Add
MGR		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

11/5/18


a member or authorized representative of a

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2010 NOV -9 AM 8:23
FBI - CHASSEL, TN