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(((H15000182843 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVIN LAW & MEDIATION GROUP

Account Number : 120140000093

Phone : (941)953-5300

Fex Number

: (941)953-5355

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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P.O. Box 6327 Tallahassee, FL 32314

LAW OFFICES

(FAX)19418704163

P. 002/005

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COVER LETTER

TO: Registration So Division of Cor					
DUDA SR	Q, LLC	•			
SUBJECT:	Nume of Limi	ted Liability Company			
	Amendment and fee(s) are substantial this matter				
	Jerome S. Levin			,	
		Name of Person			
	Levin Law, LC				
		Firm/Company		, 22	
	1444 1st Street, Suite A		LLA	2015 JI	T
		Address	ASS	JUL 2	
	Sarasota, FL 34236		íu.⊂ tu⊸		Ē
	jlevin@levinmediation.com	City/State and Zip Code	FLORD D		O
	E-mail address: (to be used for future annual report notific	ation)	22	
For further information of	concerning this matter, please ea	all:			
Jerome S. Levin		941 953.5300 at ()			
Nume	of Person	Area Code Daytime	Felephono Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed). 	Sectificate of Certificate of Certified Control (additional empty)	f Status & py	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corporat			

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

(FAX)19418704163

P. 003/005

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUDA SRQ, LLC		
(Name of the Limited Linbility Com (A Plorida Limite	nany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparing the Liabilit	ny were filed on March 5, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ibility Company," the designation "I.I	C" or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST RE A STREET ADDRESS)		
		2015 FALC
Enter new mailing address, if applicable:		JUL 2
(Mailing address MAY BE A POST OFFICE BOX)		The S m
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recorere:	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street addi	ress
	. 1	Florida
	Ciry	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.

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			H15000182843 3			
<u>Title</u>	Name	Address	Type of Action			
Member	Yosi Hovav	1221 First Street	≅ Add			
		Samsotu, FL 34236	□ Remove			
			□ Change			
			□ Remove			
			☐ Change			
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