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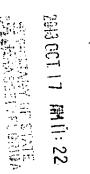
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COVER LETTER

TO:

Registration Section
Division of Corporations

Duncombe Investments 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:

Marie Code Esq

Name of Person

Firm/Company

1308 SW 27th Terrace

Address

Cape Coral, FL, 33919

City/State and Zip Code

marie@marieesquire.com

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

For further information concerning this matter, please call:

Marie Code Esq

_{3/}239\829-0063

Name of Person

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

Duncombe Investments LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000043370</u>	Company were filed on 22/03/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		图 图 1
(Principal office address MUST BE A STREET ADD	DRESS)	Para
Enter new mailing address, if applicable:		N N
(Mailing address MAY BE A POST OFFICE BOX)		AND CO
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	, Flo	
	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 Title Title <u>Name</u> **Address Type of Action** Stephen James Duncombe 8961 Conference Drive, Suite 2, Fort Myers, FL, 33919 Jasmine Feteiha 8961 Conference Drive, Suite 2, Fort Myers, FL, 33919 Remove Remove Remove Remove

D. If an	dending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	,,
	marie B. Code
	Signature of a member or authorized representative of a member MARIE B. COL ROTHORTO REPRESENTATIVE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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