

L/3000/18800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 14 2013

A. LUNT

Office Use Only



000252249730

10/10/13--01004--012 **30.00

CLERK OF SUPERIOR COURT
FALLMOUTH, MASSACHUSETTS

2013 OCT 10 PM 2 16

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dura Pouch, 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:

William M. Jacoby
Name of Person
Dura Pouch, LLC.
Firm/Company
9286 Lanthorn Way
Address
Esteros, FL 33928
City/State and Zip Code
wmjacoby@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2013 OCT 10 PM 2 16
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

For further information concerning this matter, please call:

William M. Jacoby at **(970) 227-5939**
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**

DURA POUCH, 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 July 29, 2013 and assigned Florida document number L13000118800.

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 end with 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)

FILED	2013 OCT 10 PM 2:17	CLERK OF CIRCUIT COURT
FILED		
FILED		
FILED		
FILED		

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William A. Coy	8209 Ancient Oak Ct. Manassas, VA 20111	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ray L. Moore	14 Portage Trail Wasaga Beach, ONT Canada L9Z 1H2	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2013 OCT 10 PM 3:17
FALLS CHURCH, VA
CLERK OF COURTS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 8, 2013.

William M. Jacoby

Signature of a member or authorized representative of a member

William M. Jacoby

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

U.S. DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

2013 OCT 10 PM 2:17

FILED