## L1400013171

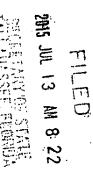
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		` <b>%</b> ,			
CHDIE	Duncan Cus	tom Interiors, LLC				
SUBJE	СТ:	Name of Limit	ted Liability Company			
		amendment and fee(s) are subm	_			
Please	eturn all correspon	dence concerning this matter to	o the following:			
		Walter B. Duncan III				
			Name of Person			
Duncan Custom Interiors, LLC						
			Firm/Company			
	10980 Crichton Court					
			Address			
		Jacksonville, Florida 32221				
		<del> </del>	City/State and Zip Code			
abd@tmhlaw.net						
		E-mail address: (to	o be used for future annual report notific	cation)		
For fur	ther information co	ncerning this matter, please ca	H;			
Walter	B. Duncan III		904 386-0896			
<del></del>	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	e following amount:				
<b>\$2</b> :	5.00 Filing Fec	□ \$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

FILED

## ARTICLES OF ORGANIZATION 2015 JUL 13 AM 8: 22 **OF**

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Duncan Custom Interiors, LLC

(Name of the Limite	d Liabilit	Comp	any as it	now appe	ars on our	records.)
	A Florida	Limited	Liability	Company	)	

The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000013171</u> .	ony were filed on 01/24/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	•

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ashley R. Duncan	1153 Cahoon Road South	DAdd
		Jacksonville, Florida 32221	■ Remove
			☐ Change
AMBR	Jacob S. Lucas	903 Ingleside Avenue	■ Add
		Jacksonville, Florida 32205	Remove
			☐ Change
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	Signature of a mem	ber or authorized re	presentative of a me	nber	<del></del>

Page 3 of 3

Filing Fee: \$25.00