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J. Shivers NOV 25 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E-FUNDIE. COM IIC. 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:
HELEN K. HINES Name of Person
Du LAIT LIC Firm/Company
WINE 38th St. APT. 02
CAKLAND PARK FL 33334- City/State and Zip Code
DU-LATE HOTNAL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HELEN K. HIWES at (501) 289 - 9386 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

E-FUNDIE, COM, 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 <u>O4/08/2014</u> and assigned Florida document number <u>L 14000057814</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Du LAIT, LLC
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: 22 E. COMMERCIAL BUD
(Principal office address MUST BE A STREET ADDRESS) OALLAND PALL PL 38334
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX] OAKLAND PARA, F1, 83334
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: 10 N.E. 38th St. Aft. 02 65 J
OAKLAND PARK, Florida 3334 The City City
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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			□ Remove
			
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Tective date must be specific, cannot be prior to date of receipt or filed of	(optional) ate and cannot be more than 90 days after
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ctive date, if other than the date of filing: ffective date must be specific, cannot be prior to date of receipt or filed of late this document is filed by the Florida Department of State) d. November 10 th , 2014.	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE