# L14000165268

| (Requestor's Name)      |                   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| . (Ad                   | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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SECRETARY OF STATE
FALLAHASSEE, FLORID.

FEB 1 7 2015 T. HAMPTON

### **COVER LETTER**

| TO:                               | Registration Sec<br>Division of Corp | ction<br>porations                           |   |  |
|-----------------------------------|--------------------------------------|--|---|--|
| SUBJEC                            | Dufort LL                            | c  |   |  |
| Name of Limited Liability Company |                                      |  |   | <del></del>  |
|                                   |                                      |  |   |  |
| The encl                          | osed Articles of A                   | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please re                         | eturn all correspor                  | ndence concerning this matter                | to the following:   |  |
|                                   |                                      | Angie Dufort                                 |   |  |
|                                   |                                      | ·  | Name of Person  |  |
|                                   |                                      | Dufort LLC                                   |   |  |
|                                   |                                      |  | Firm/Company  | <del></del>  |
|                                   |                                      | 1899 Reserve blvd,                           | #175  |  |
|                                   |                                      |  | Address   |  |
|                                   |                                      | Gulf Breeze, FL 325                          | 663   |  |
|                                   |                                      | gotagetuhome@aol.c                           | City/State and Zip Code   | <del></del>  |
|                                   |                                      |  | to be used for future annual report noti                            | fication)  |
| For furth                         | er information co                    | ncerning this matter, please ca              | all:  |  |
| Angie                             | Dufort                               |  | 352 226-9475  |  |
|                                   | Name of                              | Person                                       | Area Code Daytim  | e Telephone Number   |
| Enclosed                          | l is a check for the                 | e following amount:                          |   |  |
| \$25.0                            | 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

|   | DRGANIZATION TAGE 15  |
|---|---|
| . 0   | ARET EB   |
| BURNS & DUFORT LLC  | uny as it now appears on our records.)                              |
| (Name of the Limited Liability Compa<br>(A Florida Limited )  | Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000165268</u>             | were filed on 10/16/2014 RP 5 Tand assigned                         |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |
| Dufort LLC (EIN 47-2820817)   |   |
| The new name must be distinguishable and end with the words "Limited Liab   | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | Angie Dufort  |
| (Principal office address MUST BE A STREET ADDRESS)   | 1899 Reserve blvd, #175   |
|   | Gulf Breeze, FL 32563   |
| Enter new mailing address, if applicable:   | 1899 Reserve blvd, #175   |
| (Mailing address MAY BE A POST OFFICE BOX)  | Gulf Breeze, FL 32563   |
|   |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   |
| Name of Naw Registered Agents Angle Dufot   | rt  |

| Name of New Registered Agent:  | Angie Dufort            |                       |  |
|--------------------------------|-------------------------|-----------------------|--|
| New Registered Office Address: | 1899 Reserve blvd, #175 |                       |  |
|                                | Enter F                 | lorida street address |  |
|                                | Gulf Breeze             | , Florida 32563       |  |
|                                | 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 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

Page 1 of 3

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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>                          | <u>Name</u>  | Address                    | Type of Action                                 |
|---------------------------------------|--------------|----------------------------|--|
| ambr                                  | ANGIE DUFORT | 1899 Reserve blvd, #175    | Add  |
|                                       |              | Gulf Breeze, FL 32563      | ☐ Remove                                       |
| ambr                                  | ALAN BURNS   | 27250 PERIDIDO BEACH BLVD, | SUITE  |
|                                       |              | ORANGE BEACH, AL 36561     | Remove   |
| ambr                                  | YVES DUFORT  | 1899 Reserve blvd, #175    |  |
|                                       |              | Gulf Breeze, FL 32563      | Remove   |
|                                       |              |                            |  |
|                                       |              |                            | □ Remove                                       |
| · · · · · · · · · · · · · · · · · · · |              |                            |  |
|                                       |              |                            | Remove   |
|                                       |              |                            | SECRICIAND AND AND AND AND AND AND AND AND AND |
|                                       |              |                            | 15 FEB-9 BHII: 57 SECREMARY OF STATE           |
|                                       |              |                            | : 57<br>TATE<br>ORID                           |

| D. If amending any other information, enter change(s) here: (Attach add   | litional sheets, if necessary.) |  |
|---|---------------------------------|--|
| Please change the address and owners of the fictitious  | name also,                      |  |
| ADDIE'S FOOD MART   |                                 |  |
| Registration Number G14000112828  |                                 |  |
| 1899 Reserve blvd, #175   |                                 |  |
| Gulf Breeze, FL 32563   |                                 |  |
| C. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | ot be more than 90 days after   |  |
| Dated February 1st 2015   |                                 |  |
| y Chyl Dufort Signature of a member or authorized representate  | tive of a member                |  |
| Angie Dufort  |                                 |  |
| Typed or printed name of signed   | 2                               |  |

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Page 3 of 3

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