## 5000026739

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900305815669

11/22/17--01020--007 \*\*60.00



## **COVER LETTER**

NTO: Registration Section Division of Corporations
SUBJECT: Duell Staging and Pesign, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sally S. Stock Name of Person
3948 3rd St. S, #38
Jackson ville Beach, FL
City/State and Zin Code
City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
Sally Stock at 314 620-0274 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Duell Staging and Design

(Name of the Library)	Florida Limited Liab	ility Company)	11((1)(1)(1)	
The Articles of Organization for this Limited Liabi	lity Company we <u>267</u> 39	re filed on 211	2   2015 and assigne	d
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabilit	y company here:		
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable	le: _		17	
(Principal office address MUST BE A STREET)			Ö	
	_		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
Enter new mailing address, if applicable:	-		======================================	
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u> _		<del>_</del>	<b>-</b> —5 <del>/</del>
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:  New Registered Office Address:	registered office address here:  Sall 3948	y Stock 3rd stree Enter Florida stree	t,5 #38	the new
	10000	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

5

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
Mgc	Jim Stock	394837 St.5 #38	Add
		Jacksonville Beach,	Remove  Change
		32250	
			Remove
			Change
			Add
			□ Remove
			Change
			D Add
			Remove
			☐ Change
			Add
			Remove
			Change
			D Add
			☐ Remove
			🗀 Change

			-				
•	· ·						
	<del></del>						
						17	ALC:
						NON	76.7
						27	α ( <del>.</del> ξ
		······································		• -		三	. j ::
				<u> </u>		ري .	1 -
						. 00	
						-	
						_	
<del></del>							
					-	-	
						-	
		<u> </u>				-	
				( 4 1)			
fective date, if other than to the effective date is listed, the date rester. If the date inserted in this cument's effective date on the	nust be specific and ca block does not med	annot be prior to dat et the applicable :	e of filing or more th	(optional) an 90 days after filing, uirements, this date	) Pursuant to 60	5.0207 ted as	(3)(b) the
record specifies a delay The 90th day after the r	ed effective dat ecord is filed.	te, but not an	effective time	, at 12:01 a.m.	on the earl	ier of	:
ned	17						
<del></del>	Signature of a me	mber or authorized	representative of a	member			

Page 3 of 3

Filing Fee: \$25.00