## L15000037723

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE JALLAHASSEE, FLORID

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## COVER LETTER'

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C1ID I	ect.	DUKE GLOI	BAL INTERNATIONAL LLC			
SUBJ:	ECI: _		Name of Limi	ted Liability Company		-
The er	nclosed .	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please	return a	all correspond	dence concerning this matter t	o the following:		
			Fernando E Duque			
				Name of Person		
			Duque Global International			
			11.1000	Firm/Company		_
			1825 Ponce De Leon Blvd,	Ste 273		
				Address		_
			Coral Gables, FL 33134			
				City/State and Zip Code	*****	_
			mmedero58@gmail.com	o be used for future annual re	nort notification)	
For fu	irther in	formation co	ncerning this matter, please ca		,	
Marth	ıa Mede	ro		786 290-	5849	
		Name of	Person	Area Code	Daytime Telephone Num	ber
Enclo	sed is a	check for the	following amount:			
<b>■</b> \$2	25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif sed) Certif	Filing Fee, icate of Status & ied Copy onal 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**

FILED 2015 MAY -8 PH 3: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

-	DBAL INTERNATIONAL LEC	
-	(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 L	iability Company were fil	led on March 2, 2015	and assigned	
Florida document number L15000037723	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liability cor	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	M <sub>1</sub>		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
	<del></del>			
B. If amending the registered agent and registered agent and/or the new registered of		ldress on our records, <u>e</u>	nter the name of the new	
Name of New Registered Agent:	FERNANDO E. DUQL	JE		
New Registered Office Address:				
Enter Florida street address				
	Cin	, Florid	la Zip Code	
	City	<b>y</b>	zar coue	

## New Registered Agent's Signature, if changing Registered Agent:

DUOLIC CLODAL INTERNATIONAL LLC

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

i 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 **Title** <u>Name</u> <u>Address</u> Type of Action FERNANDO E. DUQUE 1825 Ponce De Leon Blvd, Suite 27 MGR **■** Add Coral Gables, FL 33134 ☐ Remove \_ Change MGR MARTHA MEDERO 1825 Ponce De Leon Blvd, Ste 273 □ Add Coral Gables, FL 33134 **■** Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove

☐ Change

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Note:	If the date inserte	d in this block does	not meet the applic	cable statutory fil	ing requirements, thi	s date will not be li	isted a
ocum	nent's effective dat	e on the Departmen	t of State's records	<b>.</b>		78	2015
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Typed or printed name of signee

Filing Fee: \$25.00