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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
(City/State/Zip/Phone #) PICK-UP	MAIL	
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Certified Copies	Certificates	of Status
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COVER LETTER

	gistration Sect ision of Corpo			
CUDIECT.	2 Dynamic D	uo Real Estate LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Angela Williams		
			Name of Person	
		The Duncan Duo		
			Firm/Company	
		6320 S Dale Mabry Hwy		
		, **	Address	
		Tampa, FL 33611		
			City/State and Zip Code	
		accounting@theduncanduo.		
			to be used for future annual report not	ilication)
For further in	nformation con	ncerning this matter, please ca	dl:	
Angela Will	liams		813 359-8990 at ()	
	Name of F	Person		ne Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 F	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

2 Dynamic Duo Real Estate LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 07/	01/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	re:
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered in	2	our records, enter the name of the nev
Name of New Registered Agent:		<u>5</u>
New Registered Office Address:	3690 W Gandy Blvd #461	17 S
	Enter Flori	da street address
	Tampa	Florida 👸 📆 😘
	City	Zi Code
New Registered Agent's Signature, if changing		SS 7
I hereby accept the appointment as register provisions of all statutes relative to the propactions of my position as registery filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of i sistered agent as provided for in C registered office address, I hereb	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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
			Add
			□ Remove
			☐ Change
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			Remove
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Tective date, if other than the n effective date is listed, the date mus	date of filing	:	or to date of fil	ing or more th	(options of the second o	o nal) Hiling.) Pursu	ant to 6	05.020
ote: If the date inserted in this bl cument's effective date on the D	ock does not m	eet the appli	cable statuto	ry filing req	airements, this	s date will n	ot be li	sted a
record specifies a delayed The 90th day after the rec		ate, but n	ot an effe	ctive time,	at 12:01 a	a.m. on th	е еаг	lier (
ted September 14		2017						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00