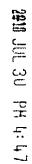
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

Div	ision of Corp	porations		
CHD IEZT.		C DUO REAL ESTATE		
SUBJECT,		Name of Lim	ited Liability Company	·
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ANGELA C DUNCAN		
			Name of Person	
		TDD GROUP LLC		
			Firm/Company	
		3690 W GANDY BLVD #	461	
			Address	
		TAMPA, FL 33611		
			City/State and Zip Code	<del>.</del>
		ANGELA@THEDUNCAN		
			to be used for future annual report n	otification)
For further in	iformation co	oncerning this matter, please ca	all:	
ANGELA C	DUNCAN		813 359-8990	
	Name of	Person	at () Area Code Dayı	ime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

TO:

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

(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 07/01/20	and assigned
Florida document number L1500013609		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designat	ion "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	<del></del>	2018 J. J.
(Mailing address MAY BE A POST OFFICE BOX)		30 PH
		P
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our ldress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	et address
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my di agent as provided for in Chapte red office address, I hereby con	ities, and I am familiar with and er 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, <u>enter the title, name, and address of each person\_being added or removed from our\_records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KIMBERLY CUNNINGHAM		Add
			■ Remove
			Change
MGR	ANDREW S DUNCAN	6320 S DALE MABRY HIGHWA	<b>=</b> Add
		TAMPA, FL 33611	Remove
		<del></del>	Change
			Remove
			Change
			D Add
		<del>-</del>	Remove
		<u> </u>	☐ Change
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			Change
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Tective date, if other are if the date is listed	er than the date of fi I, the date must be specific ted in this block does n	ling:	late of filing or more than	(optional) 90 days after filing.) Proposite this data vei	ursuant to 605	5.020 ed a
ocument's effective d	ate on the Department	of State's records.	e statutory minig requi	ements, this dire w	ii ii ii oc iisto	
	a delayed effectiver the record is file		n effective time, a	at 12:01 a.m. on	the earlie	er c
ated		2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00