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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Duhaney Pa	ark, LLC		
3000	ECT.	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Marlon Byran Davis		
			Name of Person	······································
		Duhaney Park, LLC		
			Firm/Company	
		5340 W. Kennedy Blvd Un	nit 322	
			Address	
		Tampa. Florida 33609		
			City/State and Zip Code	
		marlon@duhaneypark.com E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please co	-	,
Marlo	n Davis		256 323-0236 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25.00 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 TO ARTICLES OF ORGANIZATION OF



Duhaney Park, LLC

(Single Street, Street	(A Florida Limited	Liability Company)	1 shippy	
The Articles of Organization for this Limited Florida document number L15000119492	Liability Company	were filed on July 22, 2015	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5340 W. Kennedy Blvd		
(Principal office address MUST BE A STREET ADDRESS)		Unit 322		
		Tampa, FL 33609		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5340 W. Kennedy Blvd		
		Unit 322		
		Tampa, FL 33609		
B. If amending the registered agent an registered agent and/or the new registered			enter the name of the	
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	5340 W. Kenne	edy Blvd Unit 322		
	5340 W. Kenne	edy Blvd Unit 322 Enter Florida street address		
	5340 W. Kenne	Enter Florida street address	ida 33609 Zip Code	

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

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
MGR	Marlon Davis	5340 W. Kennedy Blvd	Add
		Unit 322	☐ Remove
		Tampa, FL 33609	☐ Change
			Add
			□ Remove
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record spec	cifies a delayed	effective	date, but	not an ef	fective time	, at 12:01	a.m. on	the earlier o
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Filing Fee: \$25.00