## L15000123632

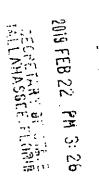
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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(139) 300

Attn: Florida Department of State

From: Duran's Grading Service, LLC.

Martin Duran



Address: 1261 SE Maple Dr.

Arcadia, FL 34266

Phone: 863-244-6706

863-244-8150

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Duran's Grading Service, LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Martin Duran Name of Person
Duran's Grading Service, LLC.
1201 SE Maple Dr.
Arcadia F 34266  City/State and Zip Code  Duransarading@aol. Com  E-mail address: Ito be used for future annual report notification)
For further information concerning this matter, please call:
Martin Duran  at 803 244 - 8150  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ \[ \bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$ \[ \bigcup \$55.00 Filing Fee & Certificate of Status &
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



The Articles of Organization for this Limited Liability Company were filed on July 20, 2015 and assigned Florida document number L15000123632.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marth Our An

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

New Registered Office Address:

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

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Filing Fee: \$25.00