

L15000136181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

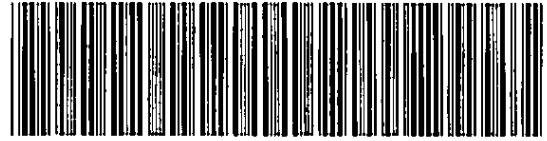
(Business Entity Name)

(Document Number)

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05/15/20--01006--007 **55.00

20 MAY 15 PM 3:50

JUN 03 2023
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dupaz Enterprises LLC
Name of Limited Liability Company

20 MAY 15 PM 3:30

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramces Duarte
Name of Person
Dupaz Enterprises, LLC
Firm/Company
330 SW 27 AVE Suite 306
Address
Miami, FL 33135
City/State and Zip Code
duartelazcano@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramces Durte 786 277-9457
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

20 MAY 15 PM 3:50

Dupaz Enterprises, LLC

(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 _____ and assigned Florida document number L15000136181.

This amendment is submitted to amend the following:

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

Same

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:

Same

(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:

Ramces Duarte

New Registered Office Address:

330 SW 27 TH AVE Suite 306

Enter Florida street address

Miami

City

Florida 33135

Zip Code

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ramces Duarte	330 SW 27TH AVE Suite 306	<input type="checkbox"/> Add
		Miami, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Eylin Palenzuela	330 SW 27TH AVE Suite 306	<input type="checkbox"/> Add
		Miami FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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