

US 000152 784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

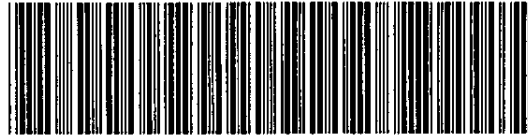
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Page 2-3 missing 524

Office Use Only



300278957023

11/12/15--011031--012 **25.00

FILED

15 NOV 12 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
11/27

DEC 07 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2015

ROCHELLE L THOMAS
6403 E STATE ROAD 64 #903
BRADENTON, FL 34208

SUBJECT: DUFF CAPITAL, LLC
Ref. Number: L15000152784

We have received your document for DUFF CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 2-3 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 215A00024173

FILED
15 NOV 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duff Capital 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:

Rochelle L Thomas
Name of Person

Duff Capital
Firm/Company

6403 E. State Rd 64 # 903
Address

Bradenton FL 34208
City/State and Zip Code

Rochellehayes36@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle Thomas at (502) 298-5804
Name of Person Area Code Daytime Telephone Number

FILED
15 NOV 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Duff Capital 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 Sept 8, 2015 and assigned Florida document number L15000152784.

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 "L.L.C."

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)

Duff Capital LLC
6403 E. State Rd. 64 #903
Bradenton FL, 34208

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:

Rochelle Thomas

New Registered Office Address:

6403 E. State Rd 64 #903

Enter Florida street address

Bradenton

City

Florida

34208

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.

Rochelle L Thomas

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 NOV 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 14 1954
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 NOV 12 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 11-27, 2015.

Rochelle L Thomas
Signature of a member or authorized representative of a member

Rochelle L Thomas
Typed or printed name of signee