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(Re	equestor's Name)	
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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
☐ PICK-UP		MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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JUN 05 2020

COVER LETTER

SUBJECT:	Duat Aid Name of Lim	Industries ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EFRAIN	MAKTIHEZ Name of Person	<u> </u>
	ourt Aid	Judys fuliës Firm/Company	LLC
	620 G-AZ d	ENIY DK. Address	
	VENICE,	FL. 34285 City/State and Zip Code	
	E-mail address: (1	de AOL. Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
EF2A (M Name o	MALTINE 2 f Person	at (<u>\$'45</u>) <u>38/9-</u> Area Code Daytime	2320 Telephone Number
Enclosed is a check for the	ne 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

Registration Section Division of Corporations

TO:

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

DULT AID IN (Name of the Limited Liability Co	dustries LLC mpany as it now appears on our records.)
(A Florida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 9-16-15 and assigned
Florida document number <u>L 15000 i 57569</u>	• •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	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	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City 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>	Name	Address	2020 HE / 18	Fii 3:46	Type of Action
CIO	FRANCES M. JOHNSON	611	TROPICA	L CIRCL	<u>≥</u> \$L Add
Chief	Name RAHCES M. JOHNSON FORMATION OFFICER	SARASO	14, FL.	34242	□Remove
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reffective date, if other than the date of	f filing: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be listed as t
cument's effective date on the Department	ent of State's records.
cord specifies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	, , , , , , , , , , , , , , , , , , , ,
ted <u>5-15-20</u>	
Signatur	re of a member or authorized representative of a member
Enza.	Typed or printed name of signee
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Filing Fee: \$25.00