

L15000157569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

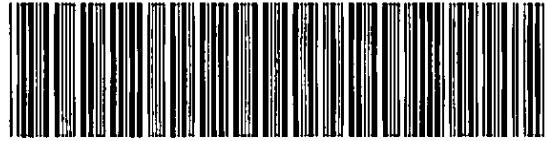
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2020 MAY 18 PM 3:46

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JUN 05 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

DULT AID INDUSTRIES 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:

ERRAIN MARTINEZ CEO  
Name of Person

DULT AID INDUSTRIES LLC  
Firm/Company

620 GARDENIA DR.  
Address

VENICE, FL. 34285  
City/State and Zip Code

DULTAID@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERRAIN MARTINEZ at (845) 389-2320  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2320 MAY 18 PM 3:46  
145

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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

Title                      Name                      Address                      2020 MAR 18 PM 3:46                      Type of Action

CIO      FRANCES M. JOHNSON  
~~FRAN JOHNSON~~      611 TROPICAL CIRCLE      ☒ Add

Chief Information Officer      SARASOTA, FL. 34242      ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 MAY 18 PM 3:47

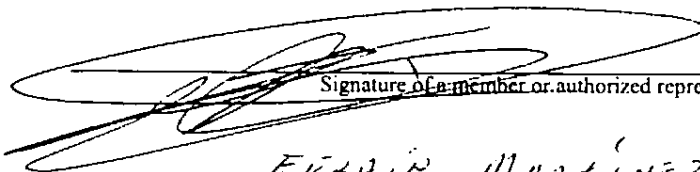
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5-15-20, \_\_\_\_\_.



Signature of a member or authorized representative of a member

EIRIA M MARTINEZ

Typed or printed name of signee

Filing Fee: \$25.00