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## **COVER LETTER**

TO: Registration Sect Division of Corpe			
Duck Duck K	ids		
SUBJECT:	Name of Limit	ted Liability Company	11
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Alex Santillan		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Duck Duck Kids		
		Firm/Company	<del></del>
		Address	<del></del>
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report potific	cation)
For further information con	ncerning this matter, please cal	II:	
		at ()	Telephone Number
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duck Duck Kids	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.  Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	empany were filed on 11/10/15 and assigned
Florida document number L15000190719	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed Hability company here:
The new name must be distinguishable and contain the words "Limits	ed 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 ADDRE	
	9 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Florida Zip Code
New Registered Agent's Signature, if changing Registered	·

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	Type of Action
MGR	Jadah Westdorp	4991 Key Lime Dr Unit 103	□ Add
		Jacksonville FL 32256	Remove
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If amending any other informat	ion, enter change(s) here: (Attach add	litional sheets, if necessary.)	
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Effective date, if other than the	iote of filing	(optional)	
If an effective date is listed, the date must	be specific and cannot be prior to date of filing on ck does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as	7 (3 s th
ne record specifies a delayed The 90th day after the reco		e time, at 12:01 a.m. on the earlier o	f:
Dated November 15	2016		
	19		
Tack	Signature of a member op authorized represents	tive of a member	
Jadah Westdorp			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00