L15000 198249

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Tyman & Hirsch, CPAs 12486 W. Atlantic Blvd. Coral Springs, FL 33071 Re: Dugan and Dame LLC

Department of State
Division of Corportations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO:

Registration Section
Division of Corporations

DUGAN AND DAME LLC SUBJECT: 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: DIAZ OVIDIO Name of Person Firm Company 3750 NW 28TH ST 415 Address MIAMI, FL 33142 City/State and Zip Code E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: OVIDIO DIAZ 549-4280 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUGAN AND DAME 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 $^{-11/242015}$ and assigned Florida document number L15000198249 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
AMBR	OVIDIO DIAZ	3750 NW 28TH ST 415	
		MIAMI, FL 33142	≡ Remove
			□Change
AMBR	VISION BAR LLC	4430 NW 12 STREET	
		COCONUT CREEK, FL 33066	■Remove
			□ Change
			□ Add
			Remove
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iment's effectiv	e date on the Department	of State's records.			
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ord specifies a cliled.	delayed effective date, but	not an effective mue.	at 12:01 a.m. on the e	artier of: (b) The 90th	day after the
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	Signature of	of a friender or authorized	d representative of a me	mber	

Filing Fee: \$25.00