L16000147610

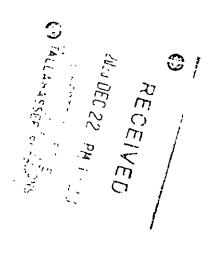
	(Requestor's Name)	
	(Address)	<u> </u>
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

AMINER'S INITIALS:_____

Dustoff Technologies, LLC	L16000147610
BUSINESS	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Other

COVER LETTER

TO:

SUBJECT:				
SUBJECT:	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Matthew P Corkery Name of Person Dustoff Technologies, LLC Firm/Company 6019 SW 89th Terrace Address Gainesville, Florida, 32608 City/State and Zip Code Matthew.P.Corkery@gmail.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:			
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Matthew P Corkery		
			Name of Person	
		Dustoff Technologies, LL	С	
			Firm/Company	
		6019 SW 89th Terrace		
			Address	
		Gainesville, Florida, 3260	8	
			City/State and Zip Code	
		· · ·		
		E-mail address: (to be used for future annual report not	ification)
or further ir	iformation co	oncerning this matter, please c	all:	
Matthew Co	rkery		_	
	Name of	Person		ne Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
Div	ision of Co	orporations	Division of Cor	rporations
). Box 632. lahassee, F			Fallahassee e Street, Suite 810
1 (4)		and and and and it is	= 113 C1 1101HO	a pricer parte are

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Value Mr. Y B 101176

Dustoff Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records:) OEC 22 AM 10: 14

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{08}{}$	3/08/2016	TALLAHASSE Em Elaksi Make
Florida document number L16000147610	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the d	lesignation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2800 N 6th Stre	eet #7720	
(Principal office address MUST BE A STREE		Saint Augustine	:. FL 3208-	
Enter new mailing address, if applicables		2800 N 6th Stre	eet #7720	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2800 N 6th Street #7720 Saint Augustine, FL 32084				
	<u></u>			
		address on our r	ecords, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	Matthew Corke	ry		
New Registered Office Address:	2800 N 6th Stre	cet #7720		
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address I Name of New Registered Agent: New Registered Office Address:		Enter Flor	rida street aa	dress
	Saint Augustine	FI.		Florida <u>32084</u>
		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 ÁMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David J Parramore	327 Ridgeway Rd	□ Add
		Saint Augustine, Florida 32080	■Remove
			□ Change
MGR	Matthew Peter Corkery	2800 N 6th Street #7720	≣ Add
		Saint Augustine, FL 32084	□Remove
			□ Change
			□Remove
			Change
			🗀 Add
			□ Remove
			□Change
			□Add
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0	207
locument's effective date on the Department of State's records.	atory ming requirements, this date will not be insteed	
record specifies a delayed effective date, but not an effective time, at 12 d is filed.	2:01 a.m. on the earlier of: (b) The 90th day after t	he
1) 1 22		
Dated December 22 2023		
Theway		