

Division of Corporations

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216000216252
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : SOMERSET CORPORATE SERVICES
Account Number : I20160000077
Phone : (305) 655-3425
Fax Number : (305) 442-9047

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maria@lubellrosen.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DUCAT GLOBAL LLC

Certificate of Status	0
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FILED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

25:19 NOV 22 P 1:27

DUCAT GLOBAL, 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 11/29/2016 and assigned Florida document number L16000216252.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1 Alhambra Plaza

Suite 1410

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Alhambra Plaza

Suite 1410

Coral Gables, Florida 33134

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:

Somerset Corporate Services, Inc.

New Registered Office Address:

1 Alhambra Plaza Suite 1410

Enter Florida street address

Coral Gables

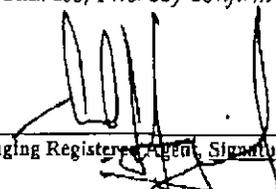
City

Florida 33134

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis A. De Lannoy	4301 SW 160 Avenue	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Miramar, FL 33027	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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