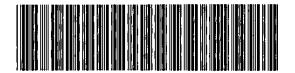
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(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE, FI ORID,

JUN 0 1 2017 J SHIVERS

COVER LETTER

	istration Section of Corp			·
SUBJECT:	DUNCAN IN	NSTALLER LLC		
SCHOLET.	· -	Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	·
Please return	all correspond	dence concerning this matter	to the following:	
		Robert W Duncan	•	
			Name of Person	
			Firm/Company	
		7708 APtT 2-4 Margate BI	vd	·
			Address	······································
		Margate, FL 33060		
			City/State and Zip Code	
•		petetherock65@aol.com	to be used for future annual report not	ification)
For further in	formation cor	ncerning this matter, please ca	•	in canaly
Robert W Du	ıncan		305 909-5338	
	Name of F	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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

DUNCAN INSTALLER 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 05/25/2017 and assigned
Florida document number L17000075822	 · _
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	Service Comments
New Registered Office Address:	MAX THE
•	Enter Florida street address
-	, Florida
	City Zip Gode
New Registered Agent's Signature, if changing Registe	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability is
	If Changing Registered Agent, Signature of New Registered Agent
	II 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 <u>Address</u> Type of Action ROBERT W DUNCAN MGR ☐ Remove ☐ Change _ Add

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ffective date, if other than the effective date is listed, the date note: If the date inserted in this ocument's effective date on the	nust be specific and c block does not me	annot be prior to et the applicable	date of filing or more statutory filing	e than 90 days after requirements, this	filing.) Purs	suant to (605.0207 isted as
e record specifies a delay The 90th day after the r	ed effective da ecord is filed.	ite, but not a	an effective tir	ne, at 12:01 a	.m. on t	the ear	rlier of
April 04		2017	•			•	
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Page 3 of 3

Filing Fee: \$25.00