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(R	equestor's Name)	
(A	ddress)	<u> –</u>
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D)	ocument Number)	
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COVER LETTER

Division of Cor	porations		
Duncan and SUBJECT:	d Clark Real Estate LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
ı	Robin Duncan		
		Name of Person	···
	Duncan and Clark Real Es	tate LLC	
		Firm/Company	
	2254 NW 99th Terrance		
		Address	
	Miami, Florida 33147		
		City/State and Zip Code	
	Rduncan I 170@gmail.com		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Robin Duncan		954 618-3117	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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 and Clark Real Estate 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 June 8, 2017 ___ and assigned Florida document number _____117000126198 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 "L.L.C" or the abbreviation "L.L.C." N/AEnter new principal offices address, if applicable: Same (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 Cuv

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action
MGR	Robin Duncan	2729 S. Oakland Forest Dr. #102	■ Add
		Oakland Park, Florida	□ Remove
		33309	☐ Change
			
			_□ Remove
			☐ Change
			Add
			□ Remove
			Change
		Add	
			Remove
			☐ Change
			Remove
			Change
		Add	
			□ Remove
			Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of f	ory filing requirements, this date will not be listed a
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier o
ne 90th day after the record is filed.	
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Typed or printed name of signee

Filing Fee: \$25.00