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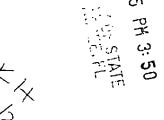
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|----------------|------------------------------------|--|---|--|----------------|
| SUBJE | DURACON | N US LLC | | | |
| SUBJE | | Name of Lim | ited Liability Company | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | JOSEPH R DIAZ | | | |
| | | | Name of Person | | |
| | | DURACON US LLC | | | |
| | | | Firm/Company | | |
| | | 9210 SW 68TH ST | | | |
| | | | Address | | |
| | | MIAMI, FL 33173 | | | |
| | | | City/State and Zip Code | | |
| | | jmhernandez_diaz@yahoo.o | | 207 | |
| For furth | ier information e | incerning this matter, please ca | to be used for future annual report notifull: | ication) 2014 Av 25 | Ti |
| ANA D | CALAFELL | | 305 321-6799 at () | | عادر . يا ه |
| | Name o | f Person | | Telephone Number | * |
| Enclosed | d is a check for th | ne following amount: | | 1 7 0 | |
| □ \$ 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 Addres Registration S | | Street Address: Registration Sec | tion | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DURACON US LLC | | | |
|--|--|---|--|
| (Name of the Lin | nited Liability Company as i (A Florida Limited Liability | now appears on our records. / Company) |) |
| The Articles of Organization for this Limited Florida document number L17000217412 | | filed on 10/20/2017 | and assigned |
| | | | |
| This amendment is submitted to amend the fo | Howing: | | |
| A. If amending name, enter the new name | of the limited liability e | ompany here: | |
| | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Cor | npany," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | | |
| (Principal office address MUST BE A STRE | EET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | | |
| | | | 772 |
| | | | The state of the s |
| B. If amending the registered agent and/or | _ | ss on our records, <u>enter t</u> | he name of the new registere |
| agent and/or the new registered office addr | ess here: | | O P |
| Name of New Registered Agent: | JOSEPH R DIAZ | | THE U |
| Nau Pagistanad Office Address | | | TE O |
| New Registered Office Address: | | Enter Florida street address | |
| | | , Flo | rida |
| | | itv | 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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------------------|--|
| MGR | JOSEPH R DIAZ | 9210 SW 68 ST MIAMI, FL 33173 | ≣ Add |
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| Tective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department. | cific and cannot be prior to date of filings not meet the applicable statutory | | |
| record specifies a delayed effective date, is filed. | but not an effective time, at 12:01 | a.m. on the earlier of: (b) The 9 | 90th day after the |
| nted | , 2023 | | |
| | | | |
| | re of a member or authorized represer | stative of a member | |