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SECRETARY OF STATE

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# **COVER LETTER**

	gistration Sec vision of Corp			•			
empirem.	DUNERS L	LC					
Name of Limited Liability Company							
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspor	idence concerning this matter	to the following:				
		MARILYN VIADERO					
			Name of Person	<del>. ,</del>			
		ACCOUNTING PROFESS	SIONALS GROUP INC				
			Firm/Company				
		6143 S ORANGE BLOSS	OM TRAIL				
			Address				
		ORLANDO, FLORIDA 32	2809				
			City/State and Zip Code	<del></del>			
		ACCTPROGRP@YAHOO		<u></u>			
			to be used for future annual report notif	ication)			
For further is	nformation co	ncerning this matter, please or	ntl:				
MARILYN	VIADERO		at (407 856-1906 Area Code Daytime				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed is a	a check for the	e following amount:					
□ \$25.00 F	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: 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

DUNERS LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	iability Company were filed on 01/2	26/2018 and assigned
Florida document number L18000024086		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	
Enter new principal offices address, if appli	cable:	三
(Principal office address MUST BE A STRE	ET ADDRESS)	STOP P
Enter new mailing address, if applicable:		36 RIDA
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on ffice address here:	our records, enter the name of the ne
Name of New Registered Agent:	JEAN DESDUNES	
New Registered Office Address:	10414 BELFRY CIRCLE	
	Enter Florio	la street address
	ORLANDO	, Florida 32832
	City	Zıp 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PIERRE DESDUNES	Address 10414 BELFRY CIRCLE ORLANDO FLORIDA 32832	🗏 Add
			□ Remove
			Change
			<u>Ø</u> □ Add
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E. Effective date	, if other than the date of f	iling:		(optional) ys after filing.) Pursuant to 605.02
Note: If the da	ite inserted in this block does i	not meet the applicable s	e of filing or more than 90 da statutory filing requiremen	ys after filing.) Pursuant to 605,02 its, this date will not be listed (
document's eff	ective date on the Department	of State's records.		
*6.11				
(b) The 90th d	ecifies a delayed effectiv lay after the record is fil	ve date, but not an ed.	effective time, at 12	2:01 a.m. on the earlier
Dated	7	2018		
		1		
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Filing Fee: \$25.00