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To:

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2022-11-10 18.46-12 GMT

**Division of Corporations** 

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Elorida Department of S tate Disision of Co Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H22000384897 3))) H220003848973ABCA Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 12000000146 Phone : (305)444-4994 : (305)328-4774 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: . . . . . . . . . . . LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2022 NOV 1 4 L. 11: 04 **RAO & ASSOCIATES LLC** Certificate of Status 0 Certified Copy 0 R 04 Page Count \$25.00 Estimated Charge Ņ 2822 ப \_\_\_\_\_ \_\_\_\_\_ Electronic Filing Menu Corporate Filing Menu Help

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Page: 3 of 5	2022-11-10 18:46:12 GMT	13053284774	From: Yanet Avila
	ARTICLES OF AMENDM	IENT -	
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	OF		
RAO & ASSOCIATES I			
(Name e	of the Limited Liability Company as it now app (A Florida Limited Liability Company	oeurs on our records.) y)	
The Articles of Organization for this	Limited Liability Company were filed on	<u>04/11/2013</u> a	and assigned
Florida document number L18000091			
This amendment is submitted to amer	nd the following:		
A. If amending name, enter the new	w name of the limited liability company	<u>e here</u> :	
DUCT DESIGN SOUTH FLORIDA LI			
The new name must be distinguishable and c	ontain the words "Limited Liability Company," d	he designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address	, if applicable:		<u>.</u>
(Principal office address MUST BE	A STREET ADDRESS)		
		<u></u>	
Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST	OFFICE BOX		
		<u></u>	
B. If amending the registered agen	t and/or registered office address on ou	ir records, <u>enter the name of t</u>	the new registered
agent and/or the new registered off	ice address here:		AUN ZOZ
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Name of New Registered A	gent:		

Name of New Registered Agent:				
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New Registered Office Address:				<u>– Hę</u> č
	Emer Florida street address		<u> </u>	
	, Florida	1.2	$\ddot{\mathbf{v}}$	1. 1.
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New Registered Agent's Signature, if changing Registered Agent:

To:

. مدد معادي

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 805, 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.

To:

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13053284774

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

MGR = M AMBR = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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	1cd 11.79	2022		
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## D. Af amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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