# L18000131606

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DUKTM Blauty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Quantsha Mitchell Name of Person
Firm/Company
HH21 N Frdral Hwy 303
Pampano Beh FL 33064  Davis 9 monay @ 9 mail: com
E-mail address (to be used for tilture annual report notification)  For further information concerning this matter, please call:
Quanesha Mitchtll at (954) 8le 1-82-87  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount
\$25 00 Filing Fee \$\Bigcup \$30 00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Certificate of Status & \$\Certificate of S

### MAILING ADDRESS:

TO:

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

(Dukt Mi Braut	4 LC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L 18000 131606</u>	ny were filed on $\frac{5/25/18}{25}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1414 S. Powerline ld Ste 204 Pompano Bch, FL 33064
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2820 Somerset Dr. Djolo Lauderdale 19Kes, FL 33311
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: QUAN	tsha Mitchtll
New Registered Office Address: 4491	N Federal Hwy 303  Enter Florida street address
porn pai	10 Brach Florida 33064 Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>

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 hanging 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 **Address** Type of Action **Title** Name 1 Quonesha Mitchtl 4421 N Federal Hwy 303 Add pompano Bch FL 33064 ☐ Change □ Add ☐ Remove ☐ Change □ Remove □ Change  $\square$  Add ☐ Remove ☐ Change  $\square$  Add ☐ Remove

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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the ap	phicable statutory fil	(opti more than 90 days after ing requirements, this	onal) Hiling.) Pursuant to 605 0207 (3) s date will not be listed as the
f the record specifies a delayed ef (b) The 90th day after the record		not an effective	e time, at 12:01 a	a.m. on the earlier of:
Dated March 21,	<u></u> до,	19	`n / /	-
Sign	nature of a member or	authorized representati	ve of a member	
Quantsha	Mit C Typed or j	ht II		

Page 3 of 3

Filing Fee: \$25.00