119000/16/003

(Re	questor's Name)	-
(Ad	dress)	
———(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000316358400

08/08/13--01008--010 **85.00

N COOPER AUG 0 8 2018

COVER LETTER

TO:	Registration of	on Section f Corporations						
		DUANA, LLC.						
SUBJE	СТ:	Name of Limited Liability Company						
		es of Amendment and fee(s) are submitted for filing.						
Please r	eturn all corr	respondence concerning this matter to the following:						
		ADELFO ROQUE						
		Name of Person						
		CAPITAL ACCOUNTS, INC.						
		Firm/Company						
	7855 NW 12TH ST STE 211							
		Address						
		DORAL, FL 33126-1819						
		City/State and Zip Code						
		aroque@capitalaccounts.net E-mail address: (to be used for future annual report notification)						
For furt	her informat	tion concerning this matter, please call:						
ADELF	O ROQUE	305 482-9616	_					
	N:	art () are of Person Area Code Daytime Telephone Number						
Enclose	ed is a check	for the following amount:						
\$25	i,00 Filing Fe	ee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certificate of Status	tatus &					

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**

L18000161003		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	 -
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	SEC:
		FILE PHOF CO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 46
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado	istered office address on our records, <u>enter</u> dress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registere	ed 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>	<u>Address</u>	Type of Action
MGR	WLSON DUARTE	8420 SW 150TH AVE	Add
		MIAMI, FL 33193	□ Remove
			☐ Change
MGR	JOSE A. MARQUEZ	8420 SW 150TH AVE	Add
		MIAMI, FL 33193	■ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change

					 	_	
							
						_	
						_	
				<u></u>		_	
	~ 	<u> </u>			 -		
						_	
							c
						8	CIAI
						AUG UG	70.2
						_ပ	9
·				. <u></u>		-2	
					<u></u>	_ ∵ _	•
						£	
		<u></u>				_	
						_	
Effective date, if other than t If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	ust be specific and block does not m	cannot be prior to e wet the applicabl	late of filing or more e statutory filing r	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 6	05 0207 sted as	! (3 : th
he record specifies a delay The 90th day after the r	ed effective d ecord is filed.	ate, but not a	n effective tim	ie, at 12:01 a.m	n. on the ear	lier of	f:
Dated AUGUST 1		2018					
Dated	· · · · · · · · · · · · · · · · · · ·		•				
	Swapper of a n	rember or authoriz	ed representative of	a member			
	Jigimmie or a ti	terrory or mindre.	-1				
FRANCY J. HERNA	NDEZ						

Page 3 of 3

Filing Fee: \$25.00