

L18000163065

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2023 AUG 29 AM 8:52
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DUARTE MORALES ADVISORS 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:

Juan Diaz

Name of Person

JD ADVISERS GROUP, CO

Firm/Company

2598 E Sunrise Blvd Suite #2006-2104

Address

Fort Lauderdale, FL 33304-3230

City/State and Zip Code

juan.diaz@jdadvisersgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie Cinto / Juan Diaz

954

256-8117

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

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

Street Address:

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**

2023 AUG 29 AM 8:53

DUARTE MORALES ADVISORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 5, 2018 and assigned
Florida document number 118000163065.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4763 CORAL CASTLE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34746

Enter new mailing address, if applicable:

4763 CORAL CASTLE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE FL 34746

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LENDRI R. DUARTE SANCHEZ	4763 CORAL CASTLE DRIVE	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNIFER C. MORALES RAMOS	4763 CORAL CASTLE DRIVE	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	PARRA RAMOS, NORYENIS DE	4818 CORAL CASTLE DRIVE	<input type="checkbox"/> Add
		KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(1) Mr. Lendri Duarte and Ms. Jennifer Morales would be the sole Directors and Managing Members (AMBR),
in the company.

(2) Remove from the document to: PARRA RAMOS, NORYENIS DEL CARMEN.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 23, 2023.

Lendri Duarte

Signature of a member or authorized representative of a member

LENDRI R. DUARTE SANCHEZ

Typed or printed name of signee