

L18000170939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

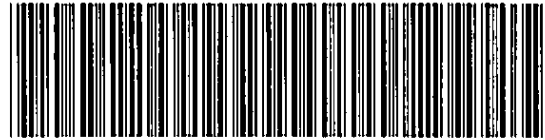
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/18--01025--030 **25.00

16 OCT -5 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
meal*

BL VORISEK

OCT 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dubs Properties, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tetsuo Wakino

Name of Person

Dubs Properties, LLC

Firm/Company

110 Alameda Ct #231

Address

Tampa FL 33609

City/State and Zip Code

tetswakino@gmail.com

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

For further information concerning this matter, please call:

Tetsuo Wakino

Name of Person

at (813) 4211203

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Dubs Properties, LLC

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

FILED
18 OCT -5 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/16/18 and signed
Florida document number L18000170939.

This amendment is submitted to amend the following:

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

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:

3030 N. Rocky Point Dr.

(Principal office address MUST BE A STREET ADDRESS)

STE 150A

Tampa FL 33607

Enter new mailing address, if applicable:

3030 N. Rocky Point Dr.

(Mailing address MAY BE A POST OFFICE BOX)

STE 150A

Tampa FL 33607

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:

Northwest Registered Agent, LLC.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

City

Florida 33607

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>
MBR	Tetsuo Wakino	110 Alameda Ct #231	<input checked="" type="checkbox"/> Add
		Tampa, Fl 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Rossana Wakino	110 Alameda Ct #231	<input checked="" type="checkbox"/> Add
		Tampa, Fl 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated 10/3/18 ^{Oct 3} 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee