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SUBJEC		RTE PR	OPERTIES LLC			¥			
SUBJEC		Name of Limited Liability Company							
The encl	osed Artic	les of Aı	mendment and fec(s) are sub	mitted for filing.					
Please re	turn all co	rrespond	lence concerning this matter	to the following:					
			IVETTE A WITHER						
				Name of Person					
			DUARTE PROPERTIES	LLC					
				Firm/Company					
			3665 SW 4 STREET			;	. •	1973 E. C. S. C.	1
				Address			•		T.
			MIAMI FLORIDA 33135					_1	j Ž
				City/State and Zip Code			. '	>	?
			BLAKEWITHER@GMAIL					لب ا <i>ئ</i>	
			E-mail address: (to be used for future annual	report notification	1)	7.	ŏ	
For furth	ier informa	ition con	cerning this matter, please ca	all:					
BLAKE	WITHER				70-7622				
	8	Name of P	erson	at () Area Code	Daytime Telep	nhone Number		-	
Enclosed	d is a check	c for the	following amount:						
	00 Filing I		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Fi Certifica Certified (additional	te of S Copy	tatus &	
			G ADDRESS:		T/COURIER A	DDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUARTE PROPERTIES LLC

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

W. Will Shines Ele	om, company,	
The Articles of Organization for this Limited Liability Company with Florida document number L18000188334	vere filed on 08/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	
		- T
Enter new mailing address, if applicable:		بب - دا
(Mailing address MAY BE A POST OFFICE BOX)	7.	. <u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		r the name of the
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	Florida	7: () 1
	City	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>	Address	Type of Action
MGR	IVETTE A WITHER	3665 SW 4 STREET MIAMI FL 33135	\ Add
			Remove
			Change
			Add
			Remove
			☐ Change
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Effective date, if other than the date If an effective date is listed, the date must be sp	e of filing:	to date of filing or more	(optiona	l) or) Pursuant to 605 0
Note: If the date inserted in this block d	loes not meet the applic	able statutory filing re	quirements, this dat	te will not be listed
document's effective date on the Depart	ment of State's records	•		
he record specifies a delayed eff		ot an effective tim	e, at 12:01 a.m	. on the earlier
The 90th day after the record	is med.			
. NOVEMBVER I	2018			
Dated		·		
174/1266		orized representative of		

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Typed or printed name of signee

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