

L18000188334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

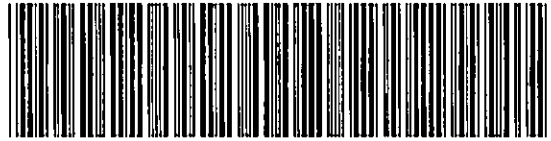
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2013 NOV -7 A 7:56

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11/21/10 as

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DUARTE PROPERTIES 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:

IVETTE A WITHER

Name of Person

DUARTE PROPERTIES LLC

Firm/Company

3665 SW 4 STREET

Address

MIAMI FLORIDA 33135

City/State and Zip Code

BLAKEWITHER@GMAIL.COM

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

For further information concerning this matter, please call:

BLAKE WITHER

305

570-7622

at (_____) _____

Name of Person

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

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95 JUL 11 - 10:11 AM '95

DUARTE PROPERTIES LLC

Page 1 of 3

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>
MGR	IVETTE A WITHER	3665 SW 4 STREET MIAMI FL 33135	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2011 OCT 10 AM 11:07
CLERK OF DISTRICT COURT
MIAMI, FL

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

2018 NOV - 1 A 7:56
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E. Effective date, if other than the date of filing: _____ (optional)

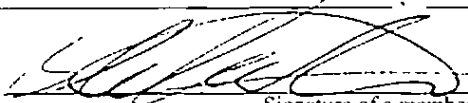
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 1 2018



Signature of a member or authorized representative of a member

BLAKE WITHER

Typed or printed name of signee