# L 18000200128

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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor				
		DUCOLIFTESTYLE	LLC		
SUBJE	ECT:	Name of Lim	ited Linbility Company		
The en	closed Articles of .	Amendment and tec(s) are sub	mitted for filing.	`^.•	
Please	return all correspo	ndence concerning this matter	to the following:		
			JORGE A RODRIGUEZ. CPA		
			Name of Person		
			J A RODRIGUEZ, CPA, LLC		
	Firm/Company				
		1422	1 SW 120TH STREET, SUITE 1	21	
	Address				
			MIAMI, FL 33186		
			City/State and Zip Code jorge@jarcpa.com	<del></del>	
		E-mail address: (	to be used for future annual report no	tification)	
For fur	ther information c	oncerning this matter, please ca	all;		
JORG	E A RODRIGUEZ	Z. CPA	305 595-1783		
	Name o	f Person		me Telephone Number	
Enclos	ed is a check for the	ne following amount:			
	5.00 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DOCO FILLESTATE FFC		. •
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)	
ne Articles of Organization for this Limited L	· · ·	8-21-19	and assigned
rida document number L18000200128			,
s amendment is submitted to amend the following	owing:		
If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
D	UCO LIFESTYLE LLC		
new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
ter new principal offices address, if applic	cable:		
incipal office address MUST BE A STRE		· · · · · · · · · · · · · · · · · · ·	<del></del>
incipai office address PIOST BE A STREI	<u> </u>		
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	<u></u>		
	w		
If amending the registered agent and	• •	our records, ente	r the name of the
<u>istered agent and/or the new registered o</u>	ffice address here:		
Name of New Registered Agent:	ABDIEL AROSEMENA		
New Registered Office Address:	1150 NW 72ND AVENUE, SUIT	E 444	
ness registered Office Address.	Enter Flor	ida street address	•
	MIAMI	, Florida :	33186
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PETER MEDINA	1150 NW 72ND AVE. SUITE 444 MIAMI, FL 33126	■ Add
			□ Remove
		4. <del></del>	□ Change
MGR	ARCHIBALDO AROSEMENA	H50 NW 72ND AVE, SUITE 444 MIAMI, FL 33126	
			□ Remove
			■ Change
			□ Add
			□ Remove
			□ Change
			🗖 Add
		<del></del>	□ Remove
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ctive	date, if othe	r than the date	of filing:			(optional)	
effecti	ve date is listed.	, the date must be sp	ecific and cannot be	e prior to date of	filing or more than	90 days after filing	.) Pursuant to 605.0203 will not be listed as
		ite on the Departr			way mag requi	terrients, triis date	The first of the first the
				ut not an eff	ective time,	at 12:01 a.m.	on the earlier o
he 90	oth day afte	er the record i	s filed.				
	June	2. j	20,	19			
ed	Ville	Ora		<u>,                                     </u>	_		
				4			
		Signa	rare of a njumber o	r authorized rep	esentative of a me	mber	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00