119000229189

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section TO: **Division of Corporations**

| SUBJECT: | DUKETE | DEAL VENTURES LLC | | |
|------------------|--------------|--|---|---|
| Wobjici. | | Name of Lim | ited Liability Company | |
| | | | | E COT - U |
| The enclosed i | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return a | ill correspo | indence concerning this matter | to the following: | |
| | | FRANCISCO RODRIGUE | EZ JR | > す |
| | | | Name of Person | ့ စ |
| | | DUKE IDEAL VENTURE | ES LLC | |
| | | | Firm/Company | |
| | | 10299 SOUTHERN BLVI |) #210244 | |
| | | | Address | · · <u>, , , , , , , , , , , , , , , , , , ,</u> |
| | | ROYAL PALM BEACH, I | FL 33411 | |
| | | FRJRNOW@GMAIL.COM | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notifica | tion) |
| For further info | ormation co | oncerning this matter, please ca | ill: | |
| FRANCISCO | RODRIGU | JEZ JR | 561 503-2706 | |
| | Name of | Person | at () | elephone Number |
| Enclosed is a c | heck for th | e following amount: | | |
| ■ \$25.00 Pili | ng 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DUKE IDEAL VENTURES L | LC | |
|---|-----------------------------------|----------------------|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com | appears on our records.) Dany) | |
| he Articles of Organization for this Limited Liability Company were filed of lorida document numberL18000229189 | on <u>9/26/2018</u> | and assigned |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liability compa | ny here: | |
| e new name must be distinguishable and contain the words "Limited Liability Company, | "the designation "LLC" or the a | abbreviation "L.1C." |
| nter new principal offices address, if applicable: | | |
| rincipal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | ر . مدر حر |
| nter new mailing address, if applicable: | | <u>্</u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| If amending the registered agent and/or registered office address | ss on our records, enter | the name of the |
| gistered agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Ente | er Florida street address | |
| | , Florida | |
| 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_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 |
|--------------|------------------------|---|-------------------|
| AMBR | MIGDALIA RIVERA | | □ Add |
| | | 3030 N. ROCKYPOINT DR. TAMPA, FL 33607 | Add Remove |
| | | | ☐ Change, ¬ |
| AMBR | FRANCISCO RODRIGUEZ JR | 3030 N. ROCKYPOINT DR. STEI50A TAMPA, FL 33607 | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
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| Affective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing | e or more than 90 days after filling) Pursuant to 605 020 |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | filing requirements, this date will not be listed a |
| seconds of the same of the perfect of state a records. | |
| e record specifies a delayed effective date, but not an effecti | ive time at 12:01 p.m. on the english |
| The 90th day after the record is filed. | ive time, at 12.01 a.m. on the earner t |
| | |
| Dated | |
| | , |
| | Peter . C |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00