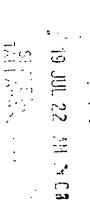
L18000291557

(Rec	questor's Name)	
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(City	//State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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COVER LETTER

Division of Co	orporations		
CLUBIOLOGY	DUQUE INVESTMENT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JOSE VILLAFANA		
		Name of Person	
	171 MEXICALI AVE	Firm/Company	
	KISSIMMEE, FLORIDA	Address	
	REALTOR@JOSEVILLA	City/State and Zip Code	
	_	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
JOSE VILLAFANA		407 7058014 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)

MAILING ADDRESS:

TO:

Registration Section

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

BERNAL DUQUE INVESTMENT LLC

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

(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000291557}{L18000291557}$.	were filed on 12/20/2018	and	d assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "ELC" or the a	bbreviatio	m "[]	.C."
Enter new principal offices address, if applicable:	171 Mexicali Ave			
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, Florida 34743			
Enter new mailing address, if applicable:	171 Mexicali Ave		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, Florida 34743		=	
	-	:	<u> </u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the na	: So ime-ol	f the n
		•	:ra	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	Zip C	ode.	
New Registered Agent's Signature, if changing Registered Agent:	•	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ce to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar ; if this c	with docum	and nent is

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BERNAL, DAYSE	4525 EMERSON PARK DRIVE ORLANDO, FL 32839	D Add
			■ Remove
			Change
AMBR VILLAFANA, JOSE	171 MEXICALI AVE KISSIMMEE, FL 34743	Add	
			□ Remove
			☐ Change
AMBR ANGELICA FARIA	171 MEXICALI AVE KISSIMMEE, FL 34743		
			□ Remove
			Change
			Remove
			Change
		□ Remove	
		Change	
		□ Add	
			☐ Remove
			Change

	ending any other information, enter change(s) here: (Attach adattional sheets, if necessary.)
(If an ef Note:	feetive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 19 th 2019
	Merulanf
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00