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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ducen Violet 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:	
Knystal E. Addertey Name of Person	
Ween Violet LLC Firm/Company	
15039 SW 100th Ter	2023111
Miami, FL 33196 City/State and Zip Code	ည် ည
E-mail address: (to be used for future annual report in interation)	93:5:
For further information concerning this matter, please call:	<u></u>
KN18tal Adderley at (804) 435-1700 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19 00009389</u> 10	were filed on $4 4 2$	DIQ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Not applic The new name must be distinguishable and contain the words "Limited Liabili	able	er the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Not appli	cables
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not appl	icable is
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	Not applica	ble
New Registered Office Address:	Enter Florida street address	
	, Flor	rida

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>	Name	Address	Type of Action
AmBR	David L. Adderle	34 13911 SW 112th	🗆 Add
		miami, FL, 331810_	Remove
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	<u> </u>
Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m d is filed.	i, on the earlier of: (b) The 90th day after t
Dated FCb. 27 . 2023. Signature of a metable for authorized representation.	Le of a member

Filing Fee: \$25.00