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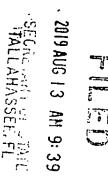
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AUG 1 9 2019 C Kinsey

COVER LETTER

SUBJECT: DUWLII ENTERPRISES, 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:
Gelise Dumervil Name of Person
Duwell Enterprises, LLC
2771 TOFT St. Unit #402
Hollywood/FL 33020
City/State and Zip Code September 11950 Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Geli Se Dumervi at (786), 707 - 8826 Name of Person at (786), Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution See S

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

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

	1 1	44 0 00		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L190001830</u>	pany were filed on $\frac{\mathcal{I}\mathcal{V}}{\mathcal{I}}$	1929, 2019 and	assigned	
Florida document number <u>L1900 1830</u>	44			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation	ı "L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES:	<u>s)</u>		2019	
			ALL -	
		AHA AHA	$\frac{3}{3}$	}
Enter new mailing address, if applicable:				ु
(Mailing address MAY BE A POST OFFICE BOX)		ŗr.	—a—	
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B. If amending the registered agent and/or registered		r records, <u>enter the nai</u>	<u>ne of the</u>	e nev
registered agent and/or the new registered office address	<u>nere</u> :			
Name of New Registered Agent:				
Name of New Registered Agent.				—
New Registered Office Address:				
	Enter Florida s	treet address		
		Florida		
	City	Zip C	ode	
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>			
I hereby accept the appointment as registered agent and				
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent				
accept the obligations of my position as registered agent	: аз ргочиса јог ис Спар	nce aos, r.s. or, y aus a	осинен	12)

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Address **Type of Action** Name Gelise Dumervil 2771 Taft St. Unit 402 Nada Hollywood, FL 3300 Remove □ Change ☐ Add □ Remove □ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change \Box Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
(If an effective Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	August 8 2019 Signature of a member or authorized representative of a member
	Gelise Dumekuil Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00