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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
THE DUBY			
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspo	ndence concerning this matter	to the following:	
	SANDRA R CALDERAR	O	
	CALDERARO TYRELL I	Name of Person AW GROUP	
		Firm/Company	
	6301 NW 5TH WAY SUI	• •	
	FORT LAUDERDALE, F	Address	
	DLONDONO@VISAMIAN	City/State and Zip Code	
		to be used for future annual report not	lication)
For further information co	oncerning this matter, please o	ult:	
DANIELA LONDONO		954 3766161 at ( )	
Name of	f Person	Atea Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clitton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DUBYS LLC		•
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number 1.19000189956	npany were filed on 07/24/20	olly and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	í
DUBYS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:	Enter Florida st	reet address
<u> </u>	City	, Florida
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my o it as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is
Ï	f 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

Title	<u>Name</u>	Address	Type of Action
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Fffort	ive duta if other than the	date of filings			(1)	
Note:	ive date, if other than the fective date is listed, the date mus If the date inserted in this bl lent's effective date on the D	ock does not meet t	he applicable stat	filing or more than 90 utory filing requirer	(optronar) ) days after filing.) Pursu nents, this date will n	uant to 605.0207 of be listed as
ne red The	cord specifies a delayed 90th day after the rec	l effective date, ord is filed.	but not an ef	fective time, at	12:01 a.m. on th	ne earlier of
Dated	AUGUST 9	20	19			
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	/ / //	•	er or anmorized tek	itesenumve of a memi	er -	
	CLAUDIA N DECOPPI	₹ľ				

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Filing Fee: \$25.00