

L19000239157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

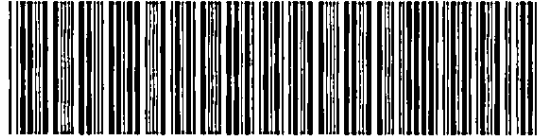
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Duck Duck Rooter 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:

Jeff Norman

Name of Person

Duck Duck Rooter, LLC

Firm/Company

2826 Lenox Ave

Address

Jacksonville, FL 32254

City/State and Zip Code

Jeff@duckduckrooter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Norman

Name of Person

at ( 904 )

Area Code

862-6769

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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Duck Duck Rooter LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/03/19 and assigned  
Florida document number L19000239157.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2826 Lenox Ave

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32254

Enter new mailing address, if applicable:

2826 Lenox Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32254

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jeff Norman

New Registered Office Address:

2826 Lenox Ave.

Enter Florida street address

Jacksonville

Florida

32254

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

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TALLAHASSEE FL

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**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mullis, Charles J	211 Whilland Way	<input type="checkbox"/> Add
		St Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AMBR, Treasurer, President	Norman, Jeff	2826 Lenox Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AMBR, VP	Jones, Michael D.	2826 Lenox Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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