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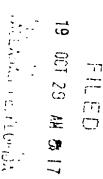
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Sec vision of Corp			
eun iezt.		FRANCO, LLC.		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retun	n all correspon	dence concerning this matter t	to the following:	
		JASMINE RODRIGUEZ		
			Name of Person	<u> </u>
		BEST QUICK TAX RETU	JRNS. INC	
			Firm/Company	
		320 S BUMBY AVE STE	10	
			Address	
		ORLANDO FL 32803		
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notifie	cation)
For further i	nformation co	ncerning this matter, please ca	ili:	
JASMINE I	RODRIGUEZ		407 896-7921	
	Name of	Person		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
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

DUDINARY CD ANCO LLC		
DUBIRNEY FRANCO, LLC.		<u> </u>
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	28
	00/27/2010	
The Articles of Organization for this Limited Liability Com	pany were filed on 09/2//2019	and assigned
Florida document number 1.19000244675		Ċĝ.
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limited	liability company here:	
The manner is the few hance of the minted	thabiney company nere.	
The new name must be distinguishable and contain the words "Limited	Lightlity Company "the designation "LLC" on	the abbassisting of 1 C "
The new name must be distinguishable and contain the words. Elithied	Elability Company, the designation EEC of	the aboreviation (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 registere registered agent and/or the new registered office address		nter the name of the new
registered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City , Florid	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

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>	Type of Action
AMBR	DUBIRNEY FRANCO	2707 LUCAS LAKE LANE	
		KISSIMMEE, FL 34744	
	•		Remove
		***	■ Change
	·		Add
			Remove
			Change
 -			Add
			□ Remove
			Change
			
			Remove
			Change
	-	<u> </u>	Add
	•		☐ Remove
			☐ Change
			□ Remove
			Change

fective date, if other than the date of filing:					
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Signature of a member or authorized representative of a member	ed OCTOBER 24	2019			
Signature of a member or authorized representative of a member	/ -				
Signature of a member or authorized representative of a member					
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Page 3 of 3

Filing Fee: \$25.00