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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
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Y. SCOTT APR 1 8 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	DUNCE PUCIUCA	tions, LIC-
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Proviligade 9658 Delva	Name of Person Represented Angle Prim/Company Eagle River Address City/State and Zip Code 2 a ol. Com To be used for future annual report notified.	SECRETARY OF SECULAR S
For further information co	oncerning this matter, please c	all:	neation)
Jamas Name of		at (<u>\$19</u>) 74/. Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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

Province	virlustions (1/c.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L 2- 0 0 0 0 0 17922</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile in the new name must be distinguishable and contain the words "Limited Liabile".	
Enter new principal offices address, if applicable:	9658 Eacla - Pro RD.
(Principal office address MUST BE A STREET ADDRESS)	21/10 Beck 71-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Delver Beart 35(7)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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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			□Remove
			□Add
			□Remove
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fective date, if other than the neffective date is listed, the date m	e date of fili ust be specific a	ng: nd cannot be pr	ior to date of filin	ig or more than 90 da	(optional) (ys after filing.)	Pursuant to 605.0
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Tallian S Villan S Gall on the	or and the second	State 3 recor	u 3.			
ecord specifies a delayed effecti	ive date, but n	ot an effective	e time, at 12:01	a.m. on the earlie	r of: (b) The	90th day after (
is filed.					. ,	•
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	Signature of	a member or at	thorized represen	ntative of a member		

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