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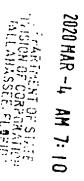
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COVER LETTER

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ensonere.	Duke Comp	puter Consultant		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Ferdinand Dookie		
			Name of Person	
		Duke Computer Consultan	t	
			Firm Company	
		6828 Pomeroy Cir		
			Address	
		Orlando Fl 3281		
		theduke409@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	dormation c	oncerning this matter, please co	all:	
Ferdinand De	ookie		954 701 3202	
	Name o	d'Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for the	he following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	action
Registration Section Division of Corporations			Registration Section Division of Corporations	
	. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED STATES

Duke Computer Consultant 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 February 25, 2020 Florida document number 1.20000062800 \$600341282846 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ferdinand R Dookie	6828 Pomeroy Cir Orlando FL 32810	□Add
			□Remove
			■ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
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			🗆 🗖 Add
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			□Change

Fffective date if othe	er than the date of filing: (ontional)
If an effective date is listed.	ter than the date of filing:
	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed a date on the Department of State's records.
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Filing Fee: \$25.00