

L20 000 137365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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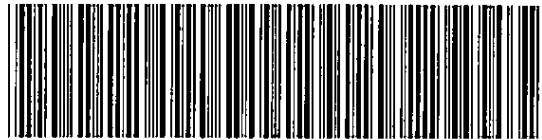
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duck Duck Rooter Hillsborough County 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) 862-6769

Area Code

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

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TALLAHASSEE, FL

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

Duck Duck Rooter Hillsborough County 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 05/20/20 and assigned Florida document number L20000137365.

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

City

Florida

32254

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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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05/20/20 BY 1045

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, Jason	505 19th St	<input type="checkbox"/> Add
		St Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO, AMBR	Norman, Jeff	2826 Lenox Ave	<input type="checkbox"/> Add
		Jacksonville, FL 32254	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jones, Michael D.	2826 Lenox Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cameron, Scott	505 19th St	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Madayag, Robert A	75 14th St. NE, Suite 2500	<input type="checkbox"/> Add
		Atlanta, GA 30309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Duck Duck Rooter LLC	211 Whitland Way	<input type="checkbox"/> Add
		St. Augustine, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 28, 2022

Signature of a member or authorized representative of a member

Jeff E Norman

Typed or printed name of signer