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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
CLUBICATE	DUTRA TI	ECH LLC				
SUBJECT:	Name of Limited Liability Company					
			·			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	4		
Please return	all correspo	ondence concerning this matter	to the following:			
		Jordan J Dutra				
	e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Jordan J Dutra	-				
			Firm/Company			
		1301 SW 10TH TERRAC	E			
			Address			
		DEERFIELD BEACH FL	33441			
		jdutratech@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please c	all:	•		
Jordan J Dut			941 894-9746	•		
	DUTRA TECH LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Jordan J Dutra					
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		
Division of Corporations			-			
			The Centre of Tallahassee			
Tal	tahassee, I	·L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUTRA TECH 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 07/27/2020 and assigned Florida document number L20000221245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DUTRATECH LLC 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.

City

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>	Address	Type of Action
MGR	Madelin Geraldino	1301 SW 10TH TERRACE DEERFIELD BEACH F	l. ≘ Add
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Signature of a member of authorized representative of a member		Inec/ 15	OVAE_			

Filing Fee: \$25.00