

120 000 232842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

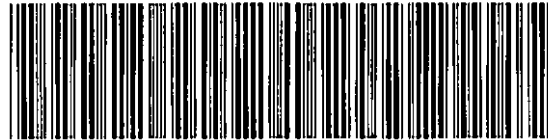
Special Instructions to Filing Officer:

10/14

NO\$

Office Use Only

\*00685, 00671 25.00



700374736787

Amend

700374736787  
11/15/21--01014--001 \*\*25.00

FILED  
2021 NOV 15 AM 9:29  
CLERK OF COURT  
CLERK OF COURT

A. RAMSEY

NOV 16 2021

A. RAMSEY

NOV 16 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Duality Smart LLC

2021 OCT 14 AM 8:14

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:

Gary Rodriguez

Name of Person

Duality Nature Inc

Firm/Company

PO BOX 16516

Address

Tampa FL 33687

City/State and Zip Code

gary@dualitynature.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesly Rodriguez

954

670-4561

at ( )

Name of Person

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

2021 OCT 15 PM 12:21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2021

GARY RODRIGUEZ  
DUALITY NATURE INC  
PO BOX 16516  
TAMPA, FL 33687 US

SUBJECT: DUALITY SMART SERVICES, LLC  
Ref. Number: L20000232842

We have received your document for DUALITY SMART SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 921A00025942

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

Duality Smart LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 NOV 15 AM 9:29  
-21-2021-11-15-09:29  
STATE OF FLORIDA  
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 4/21/21 and assigned  
Florida document number L20000232842.

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)

PO BOX 16516 Tampa FL 33687

**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*

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 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>	<u>Type of Action</u>
AMBR	Duality Nature Inc	12402 Mondragon DR Tampa FL 33625	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Lesly Rodriguez	12402 Mondragon DR Tampa FL 33625	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gary Rodriguez	12402 Mondragon DR Tampa FL 33625	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gary Rodriguez	12402 Mondragon Dr Tampa FL 33625	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Gary Rodriguez

Typed or printed name of signee

**Filing Fee: \$25.00**