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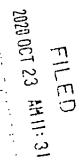
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COVER LETTER

TO: Registration Se Division of Cor			
	E MOBILE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRE L. WILSON SR.		
		Name of Person	
	DRE DUKES MOBILE L	LC	
		Firm/Company	
	1665 WINTHROP ST		
		Address	
	JACKSONVILLE, FL 322	206	
	<u> </u>	City/State and Zip Code	
	dredukes50@gmail.com		
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
ANDRE L. WILSON SI	R.	904 222-5722 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRE DUKES MOBILE LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on 09/28/2020	and assigned
The Articles of Organization for this Limited Liability of Florida document number 1.20000305301 This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Lin		FIL! OCT 23
A. If amending name, enter the new name of the lin	nited liability company here:	是巴
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designatio	n "LLC" or the abbreviation."L.L.35"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stree	t 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>	Address	Type of Action
MGR	ANDRE L. WILSON SR	1665 WINTHROP ST	
		JACKSONVILLE, FL. 32206	□Remove
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an effecti lote <u>:</u> If	date, if other than the date we date is listed, the date must be the date inserted in this block as effective date on the Depart	te of filing: specific and cannot be pr does not meet the app	licable statutory filing	(optional) ore than 90 days after filing g requirements, this date	(a) Pursuant to 605,0207 (3)
record s I is filed	pecifies a delayed effective da	ite, but not an effective	e time, at 12:01 a.m. (on the earlier of: (b) T	he 90th day after the
. 1.3 THE	11.00 00	1 2020	<u>)</u> .		
	October 20	10			
		nature of a member or as	athorized-representative	of a member	

Filing Fee: \$25.00