L21000014708

| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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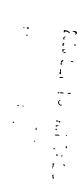
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| | istration Sec ision of Cor | | | 4 | |
| SUBJECT: | Josh Duclos | LLC | | | |
| SUBJECT. | | Name of Limite | ed Liability Company | | |
| The enclosed | i Articles of | Amendment and fee(s) are subm | itted for filing. | | |
| Please return | all correspo | ndence concerning this matter to | the following: | | |
| | | Jocelyn Duclos | | | |
| | | | Name of Person | | |
| | | Jocelyn Duclos LLC | | | |
| | | | Firm/Company | | |
| | | 1659 Eikhart Cir | | | |
| | | | Address | | ·- |
| | | Tavares, Florida 32778 | | | |
| | | | City/State and Zip Code | | |
| | | joshduclos.realtor@gmail.co | | | |
| | | E-mail address: (to | be used for future annual re | eport notification) | |
| For further in | nformation co | oncerning this matter, please cal | l: | | |
| Jocelyn Duc | clos | | 352 552 at () | -1266 | |
| | Name of | Person | Area Code | Daytime Teleph | one Number |
| Enclosed is | a check for th | e following amount: | | | |
| □ \$25.00 E | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55:00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Josh Duclos LLC | | |
|--|--|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L21000014708 | were filed on January 20, 2021 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | lity company here: | |
| Jocelyn Duclos LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Hanny university BENT OFF OFFICE DOM | | |
| | | |
| B. If amending the registered agent and/or registered office a | address on our records onten the ne | ama of the naw region |
| gent and/or the new registered office address here: | ddress on our records, enter the na | ame of the new regis |
| | | |
| Name of New Registered Agent: | | 200 |
| Name of New Negistered Agent. | | <u></u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | ~i |
| | City | Zip Code |
| lew Registered Agent's Signature, if changing Registered Agent: | | · -:- |
| | | (<u>**</u> (*) |

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 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> | Name | Address | Type of Action |
|--------------|--------------|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ 2023 Signature of a member or authorized representative of a member Jocelyn Duclos Typed or printed name of signee

. . . .

Filing Fee: \$25.00