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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : 120200000064 Phone : (786)566-7026 : (205)881-1104 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION PATTY DUARTE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patty Duarte LL	nov as it now appears on our records.)	<del></del>	<del></del>	
(A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 2 · 11 · 2021	<u></u>	and assi	gned
The Articles of Organization for this Limited Liability Company were filed on 2.1.202 and assigned Florida document number 1.21 DONO 5165168  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 "LLC."  Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)  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  Zap Code  Zap Code  Zap Code				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbr	eviation "L.L	C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)			·	<del></del>
		<del></del>		
(Mailing address MAT BE A POST OFFICE DOM)				
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	импе	oi më new	registereu
Name of New Registered Agent:				<del>.</del>
New Registered Office Address:				<del></del>
	Enter Florida street address	ug.	2	
		la (	Zin Code	
	•	<u>.</u>	(CO).	• •
New Registered Agent's Signature, if changing Registered Agen		<i>,</i>	र्ष्	The sale of
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my auties, and he is provided for in Chapter 605, F.S	Or, i	f this-docu	ment is

To:

Fax: (850) 617-6383

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
AMBR	Iraide Apolinario Duarte	2031 NW 56 - St	<b>M</b> Add
		Miami FL 33142	□Remove
	·		Change
			□Add
			□Remove
			☐ Change
			□Add
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f an effective dat Note: If the da	, if other than the e is listed, the date must te inserted in this blo ective date on the De	t be specific and ock does not m	cannot be prior to neet the applicab	date of filing or mo le statutory filing	(option than 90 days after crequirements, this	filing.) Pursuant to 605	5.0207 ed as
e record specified is filed.	es a delayed effective				on the earlier of: (b	The 90th day after	r the
Dated Feb	rvary	12	2021	. •			
	Patr	icia	vaile pember or author	zed representative	of a member		
		Signature of a l		•			