Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004527273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

Prom:

Addount Name : LEGALZCOM, COM INC.

Account Number: 12001000062 Phone: (323)962-8600 Fax Number: (323)962-3889

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

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUDA TRANS LLC**

	Certificate of Status	0
<u>: : : : : : : : : : : : : : : : : : : </u>	Certified Copy	1
	Page Count	05
	Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

, Page: 3 of 6

## **COVER LETTER**

TO: Registration Se Division of Cor			
DUDA TRA			
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Cheyenne Moseley		
		Name of Person	- you guylayahada dan dana
	Legalzoom.com, Inc.		
	<u> </u>	Firm:Company	
	101 N Brand Blvd 11th Fl		
	-	Address	
	Glendale, CA 91203		
		City/State and Zip Code	<u> </u>
	duda.komazec@gmail.com		
	E-mail address: (to	be used for luture annual report notif	ication)
For further information c	oncerning this matter, please ca	II:	
Cheyenne Moseley		at () 773-0888 at () Daytim	
Name o	l'Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Page: 4 of 6

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUDA TRANS LLC						
(Name of the Limite	d Liability Compa: A Florida Limited I.	ny as it now appears on our rec liability Company)	ords.)	····		
The Articles of Organization for this Limited Lie Florida document number	wing:			and assig	ned	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "	LLC" or the abbr	eviation "L.L.	C."	
Enter new principal offices address, if applicable:		610 Clematis St.				
(Principal office address MUST BE A STREET ADDRESS)		Apt. #232				
(Frincipal office agains) 19231 DE 1107 NEED	71177	West Palm Beach, FL 334	DI			
	tailing address MAY BE A POST OFFICE BOX1		01			
B. If amending the registered agent and/or the new registered of	or registered o fice <u>address ber</u>	ffice address on our rec <u>e</u> :	oras, <u>enter t</u>		<u> </u>	<u>ew</u>
Name of New Registered Agent:			<del></del>	- <del></del>	<u> </u>	<u> </u>
New Registered Office Address:	610 Clematis S	st., Apt. #232  Finer Florida street of	11		<u>.</u> [	ŋ
	West Palm Ber		. Florida <u>3349</u>		PM 1:-2	
New Registered Agent's Signature, if changing R	legistered Agent:	•		₩	t,	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regional field to merely reflect a change in the residual provides the statutes.	dagent and agr er and complete stered agent as j	ee to act in this capacity.  performance of my dutie.  provided for in Chapter 6	s, and Lam Ja 05, E.S. Or, ij	mitiar with f this docum	ana nent is	he

If Changing Registered Agent, Signature of New Registered Agent

LegalZoom.com, Inc.

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
AMBR	KOMAZEC, DUBRAVKA		
			□ Remove
		610 Clematis St., Apt. #232 West Palm Beach, FL 33401	■ Change
			☐ Remove
			Change
			Add
			Remove
			☐ Remove
			☐ Change
		<u> </u>	Add
			☐ Remove
			Change
			Remove
			☐ Change

		2021-12-13 0		LegalZoom.com, Inc.	From: S
D. If amer	nding any other inform:	ation, enter change(s) here:	(Attach additional	sheets, if necessary.)	
<del></del>					
				·	
_					
<del></del>		•			
					<del></del>
					<u></u>
_					
_					<del></del>
E. Effectiv	ve date, if other than th	e date of filing:	tue of filing or more t	(optional)	ant to 605.0207 (3)(b)
Nata 1	If the date inserted in this D	NOCK GOGZ BOT mear me white as	ole statutory filing rec	quirements, this date will r	ot be listed as the
	nt's effective date on the l	Department of State's records.			
docume		d effective date but not	an effective time	e, at 12:01 a.m. on ti	ne earlier of:
docume	and conclines a dalaye			•	
docume	ord specifies a delaye 90th day after the re	cord is filed.			
docume	90th day after the re	cord is filed.			
docume	90th day after the re	cord is filed.	<del>.</del> ·		
If the reco	90th day after the re	cord is filed.	<del>.</del> ·	s i ba	
If the reco	90th day after the re	cord is filed.	<b>.</b> ·	4 F -	<b>2021</b>
If the reco	90th day after the reconstruction $\frac{12-07}{}$	- 21	<b>.</b> ·	4 F -	ZOZI DEC
If the reco	90th day after the re	Signature of a member or author	ized representative of a	member S	ZOZI DEC
If the reco	90th day after the reconstruction $\frac{12-07}{}$	- 21	ized representative of a	member Sign	FILED  2021 DEC 13 P

Filing Fee: \$25.00