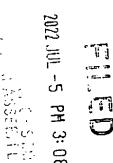
## 

(R	Requestor's Name)	
(A	ddress)	
	ddress)	
(/-	audiessj	
(C	ity/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
<u>—</u>	_	_
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
	<del>_</del>	
	<del></del>	
Special Instructions to	Filing Officer:	





07/05/22++01012++018 \*\*25.00





## **COVER LETTER**

TO:	* Registration S Division of Co			
emon		olo's Outdoor Services LLC		
SUBJE		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	, and the second	
		Valerie Losito		
			Name of Person	
		Barbara & Valeries Bookk	reeping Inc	
			Firm/Company	
		11547 SE US Highway 44	4	
	Address			
		Belleview, FL 34420		
			City/State and Zip Code . ~	
		bvbookkeeping@embarqma	ail.com (to be used for future annual report notification)	
		E-mail address: (	(to be used for future annual report notification)	
For fur	ther information of	concerning this matter, please c	all:	¥
Valerie	Losito		352 245-8018	* 1.20 00
***************************************	Name o	of Person	at ()	•
Enclose	ed is a check for t	he following amount:		
≡ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	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

Duke & Polo's Outdoor Services LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Cor	mpany were filed on 5-12-2021	and assigned
lorida document number L21000220563	,	•
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ad Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SSS)	022
		5 5
nter new mailing address, if applicable:		-5 ,
Mailing address MAY BE A POST OFFICE BOX)		
nations address may be AT 051 011 ICE BOX)	**************************************	<u>ာ့</u> မှ 💟
. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
rame of New Registered Agent.		***************************************
New Registered Office Address:	S 19 11	
	Enter Florida street addres:	ş
		orida
	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 N	ew 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
Pres.	Derond J McKenzie	311 Barrett Ave	<b>≅</b> Add
		Leesburg, FL 34748	□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			722 J
•			3. SS: 3
			☐Change
			□ Change
			□Add
			□Remove
			[]Changa

	***************************************	***************************************							
***************************************	***************************************			·			·····	······································	
<del></del>									
									<del></del>
·						<del> u</del>			
	· · · · · · · · · · · · · · · · · · ·						<del></del>		
	***************************************								
									*******
		***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						·
					······································			2022	····
-		***			PARKET		<u> </u>	22 JI	<del> </del>
							i	<del>-</del>	
				<del></del>	***************************************		Š.	<del> ப</del>	
		<del></del>	·····				<u>-3135</u>	<u> </u>	<u>199₹</u>
	<del></del>					·		—တ_	
							t	8	
			***************************************					····	<del></del>
							***		
Effective date, if other tha	in the date of		: 29,2022			(option	ıal)		
If an effective date is listed, the d Note: If the date inserted in	mis block doe:	s not meet the	applicable	late of filing c a statutory f	т more than 90 i ling requirem	days after fi ents, this o	ling.) Pur late will	suant to 6	605.0207 isted as
document's effective date on	the Departme	nt of State's re	ecords.	-	i) - 1	,			iolog lis
e record specifies a delayed e rd is filed.	ffective date, b	ut not an effe	ctive time,	at 12:01 a.i	u, on the earli	er of: (b)	The 90	th day a:	ter the
June 29	<u> </u>	2022							
**************************************	į								
	`.								

Typed or printed name of signee