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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUKOS BUSINESS LLC

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** ARTICLES OF ORGANIZAT		ORGANIZATION	
		OF	≂~
			· 100
DUKOS BUSINESS LLC			
(Name of t	he Limited Liability Cor	npagy as it now appears on our records.) ed Liability Company)	SZ: 2
	(· · · · · · · · · · · · · · · · · · ·	ed Clausing Company)	- 유국 5 :
The Articles of Organization for this Lir	nited Liability Compa	my were filed on 07/28/2021	
Florida document number L21000342813	2		and assigned
	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend to	the following:		₩.
A. If amending name, enter the new n	iame of the limited 12	akiik.	
N/A	anie of the nimited if	ability company here:	
The new name must be distinguishable and conti	ain the words "Limited Lin	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if	applicable:	N/A	
(Principal office address MUST BE A S			
Page 1	_	NT/A	
Enter new mailing address, if applicab		N/A	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		4	
B. If amending the registered agent an	d/or registered offic	e address on our records, enter the	name of the new registered
agent and/or the new registered office:	<u>address here</u> :		
Name of New Registered Agent	ı: N/A		
			,
New Registered Office Address	·	Enter Florida street address	
		unier i iorida street address	
		, Florid	
	•	City	Zlp 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 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

Title	Name	Address	Type of Action
AMBR	LUIS FELIPE OSPINA GARRIDO	11475 NW 50TH TER	_
		DORAL, FL 33178	□Remove
			Change
			□Remove
			□Change
			□'Add
			□Remove
		• • • • • • • • • • • • • • • • • • • 	Change
		<u> </u>	□ Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

Filing Fee: \$25.00

Typed or printed name of signee

ADRIANA OSPINA GARRIDO