

L21000495486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

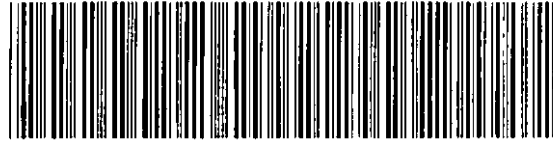
(Business Entity Name)

(Document Number)

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2023 SEP -7 AM 11:09

SECRETARY OF STATE
TULSA, OKLA

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SEP 14 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUCKWOOD LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EROL GUNDEN
Name of Person

DUCKWOOD, LLC
Firm/Company

20. S. ORION AVE
Address

CLEARWATER, FL. 33765
City/State and Zip Code

erolgunden@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF THE
TALLAHASSEE

2023 SEP - 7 AM 11:09

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For further information concerning this matter, please call:

EROL GUNDEN at (727) 639-6182
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DUCKWOOD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 SEP - 7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 17, 2023 and assigned Florida document number L21000495486.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20 S. ORION AVE

CLEARWATER, FL. 33765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 S. ORION AVE

CLEARWATER, FL. 33765

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:

EROL GUNDEN

New Registered Office Address:

20 S. ORION AVE

Enter Florida street address

CLEARWATER, Florida 33765

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 New 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	EROL GUNDEN	20. S. ORION AVE. CLEARWATER, FL. 33765	<input checked="" type="checkbox"/> Add
	TRISTAN OVERCASHIER	565 S. DUNCAN AVE. CLEARWATER, FL. 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
	BENJAMIN GUNDEN	2347 Eastwood Dr. CLEARWATER, FL. 33765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

~~Amel Guitan~~

EROL GUNDEN

Typed or printed name of signee

Filing Fee: \$25.00