## LZZ 000 133437

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				, · · ·
SUBJECT:	Dubes & Ohu	eira Group H	·	•
<u></u>	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to			
	Kel	Ly Se Oliveira		
	•	$\bigcap$ i	f	
	<u>Jobes</u>	E Ulvera Grou	p LLC	
	12106	Poppy Field Ly	L # 107	
	<u>Orlana</u>	6 FZ 3283-	}	
		City/State and 7.1p code		
	E-mail address: (to	be used for future annual report notific	ation)	
For further information of	concerning this matter, please cal	lt:		(.a.
Kelly	De Oliveira	an (407)866	7084	_
Namle o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
<b>1</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sect	ion	
Division of C		Division of Corp		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DUD LLC		
our records.)		
3/12/2022		
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rds, enter the name of th	ie new regi	stered
	mation "LLC" or the abbreviati	and assigned and a

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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 (2):	<u>Address</u>	Type of Action
MGR	Kelly S. de Uliveira	Address 12106 Poppy Field In Apt 107 Orlando, FL 32837	MAdd
	1	Apt 107	□Remove
		Orlando, FL 32837	□ Change
			□Add
			□Remove
		- <u>- ;</u>	☐ Change
			☐Remove
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