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JUN 10 2822 M. Sevenson

COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT: DUHAN	NDEL LLC		
		imited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are so	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	VICTOR R MORENO		
		Name of Person	
	DUHANDEL LLC		w , *
	17771111177777777	Firm/Company	·
			+ <u>5</u>
175 SW 7TH STREET SUITE 1601			
		Address	
	MIAMI_FLORIDA 331	30	7 to 2.55
		City/State and Zip Code	4.*
	VRME@GMAIL.COM		
For further information	E-mail address on concerning this matter, please	: (to be used for future annual report notifical):	cation)
VICTOR R MOREN	(C)	at (786) 206 3737	
Name of Person			Telephone Number
Enclosed is a check to	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	lress:	Street Address:	
Registration Section		Registration Sec	tion
Division of Corporations		Division of Corp	orations
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUHANDEL LLC

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

{A Florida Limited Liability Company}

Florida document number 1.22000158269 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 of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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 N.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:	22
New Registered Office Address:	
Enter Florida street address	
, Florida	
·	
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.	F.

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>	Address	Type of Action
AMBR	VICTOR J MORNEO	175 SW 7TH STREET SUITE 1	601 MIAMI FL 33130 □Add
			■Remove
			Skemove
			Change
			□Add
			□Remove
			□ Remove 2
			25 PS
			————□Add ———————————————————————————————
			ာ TRemovမှာ
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change

			□Remove
			□Change

Typed or printed name of signee

VICTOR R MORENÓ