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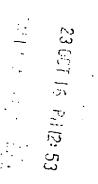
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	; ***
SUBJECT: L. Duke Stop Shop 4 Fur	n LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jason L Ducre Sr. Name of Person	
L. I Dulie 1 Stop Shop 4 F	un LL3
1201 both Aux W Suite # 100 (un.1 # A356
Brackenton FL 34205 City/State and Zip Code	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Jagen L Ducre Sr. at (941) 389- Name of Person Area Code Dayti	me Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	\$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



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

(A Florida Limited Liability Company)

a manny Company)				
ny were filed on April 4 · 3092 and assigned				
ability company here: LLC ability Company." the designation "LLC" or the abbreviation "LLC."				
# 1394 Bradenton FL 3470h				
1201 isth Ave w Sude #100 Unit # A394 Bradenten FL 341205				
ce address on our records, <u>enter the name of the new registered</u>				
in L Ducry Sr.				
12+hS+ w Pa Enter Florida street address				
rello Florida 340) l 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 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
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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record d is filed	•	elayed effective d	late, but not a	an effective t	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day at	iter th
ated _	<u> </u>	13. 20		<u> 33</u>	·				
		1	Pa	<i>\(\(\)</i>	· Sr				
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Filing Fee: \$25.00