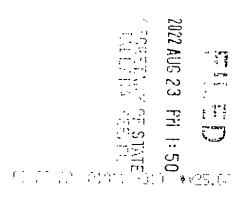
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	DUTH Expension	ted Liability Company	<u></u>
	Amendment and fee(s) are subi		
Please return all correspo	ndence concerning this matter (to the following:	
	Bosc	Name of Person	oyo Santana
	South	1 Express W	ay UC
	1133	Perpignan Co	out-
	K:	SSIMMLE FL City/State and Zip Code	34759
		to be used for future annual report nothing.	(Caron) Covil
For further information c	oncerning this matter, please co	III.	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on _ 1.22000351937 Florida document number 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) 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 registered agent and/or the new registered office address here:

Enter Florida street address

City Zip Code

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

Name of New 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed fi MGR = Ma	rom our records:	nage, <u>enter the title, name,</u> and add <u>ress of each</u> j	oerson being added
<u>Title</u>	<u>Name</u>	Address	Type of Action
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