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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	- #1
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Division of C	i Section Corporations			•	۶.
SUBJECT:	Duo Graph	ics LLC			
	Name of Liu	mited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
	Langi	Name of Person			
	<u>G</u> SD	Properties, LLC Firm/Company			
	P.O.	Firm/Company Box 15358 Address Company Company Address Company City/State and Zip Code City/State and Zip Code		2023 JA	
	Cape	- Coral, FL 33	3915		•
	E-mail address:	City/State and Zip Code City/State and Zip Code Country 2 To code (to be used for future annual report noti	flook. com	AH 9:	
For further information	n concerning this matter, please o	eall:	;	20	
Lary B	e of Person	at (330) 260 Area Code Daytim	- 0 3 6 3 ne Telephone Number		
Enclosed is a check for	r the following amount:				
图 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Coj (additional copy	f Status & py	
Mailing Addr	ress:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	2023 SE
(Name of the Limited Lia) (A Flor	bility Company as it now appears on our records	2023 JAH - 6
Name of the Limited Lial (A Flow) The Articles of Organization for this Limited Liability Florida document number	:	A and assigned 5
7°L	21.13	
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	Duo Graptics DRESS) 307 5W 7th	LLC Pl
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Cape Conal, F Duo Graphius P.O. Box 152 Cape Conal, 1	LLC 358
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new registered
Name of New Registered Agent: New Registered Office Address:	GSD Properties	
	Enter Florida street address Cape Conal , Florida City	rida 33991 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.

H 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
MGR	Larry Browning	2664 Brighelle CL.	□ Add
	J	Cape Corel, FL 33191	Remove
			□Change
MGR	Scan Sipe	4315 Bellaria Way Unit	□Add
		Fort Myer, FL 33916	X Remove
			□Change
MGR	GSD Properties Management	UC P.O. BOX 152358	(X Add
		Cape Comal, FL 33915	Remove
			□Change
		<u> </u>	□Add
		<u> </u>	Remove
			Add Remove Change Change
		5 5 5 8	_ PAdd
		J.	□Remove
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record sp I is filed.	ecifies a de	layed effec	tive date, l	but not	an effect	tive time,	, at 12:01	a.m. or	the earl	ier of: (b)	The 90	th day aft	er the
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Dated			Signatu	re of a n	nember o	r authorize	ed represe	ntative o	f a memb	er .			

Filing Fee: \$25.00