

L230001 02968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

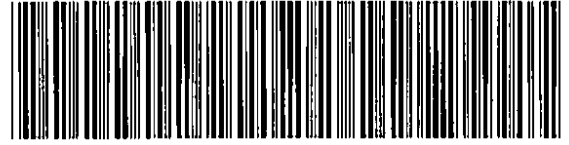
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/27/23--01014--007 \*•55.00

2023 APR 27 AM 7:54  
RECEIVED  
FILING OFFICE  
TALLAHASSEE, FL 32301

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Duchstylez LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Jacobs-Titus  
Name of Person

Duchstylez LLC  
Firm/Company

753 Chestwood Chase Dr  
Address

Orange Park FL 32065  
City/State and Zip Code

Amandatitus@Duchstylez.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Jacobs-Titus at (904) 601-7868  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

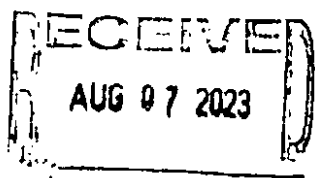
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



RECEIVED

AUG 07 2023

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Duchstylez LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/27/23 and assigned  
Florida document number L23000102968.

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)

7643 Gate Parkway  
Suite 104-1472  
Jacksonville FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7643 Gate Parkway  
Suite 104-1472  
Jacksonville FL 32256

**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:**

Name of New Registered Agent:

Amanda Jacobs-Titus

New Registered Office Address:

753 Chestwood Circle Dr  
Enter Florida street address

Orange Park, FL Florida 32065  
City 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.*

Amanda Jacobs-Titus  
**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 3, 2023

Amador Jacinto-Titw  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Amianda Jacobs Titus

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2023

AMANDA JACOB-TITUS  
7643 GATE PARKWAY  
SUITE 104-1472  
JACKSONVILLE, FL 32256

SUBJECT: DUCH STYLEZ LLC  
Ref. Number: L23000102968

We have received your document for DUCH STYLEZ LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers  
Regulatory Specialist III

Letter Number: 323A00013420