

L23 LCC 183 LCC +

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

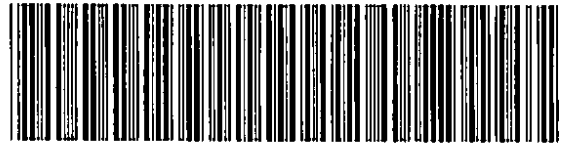
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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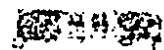
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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R. HUNT

07/28/23

SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 07/28/2023

Acc#120160000072

mic DW

Name:	DUOTECH SERVICES LLC
Document #:	
Order #:	15054988 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

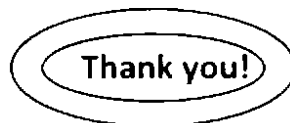
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
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Ref# _____

Amount: \$ **55.00**



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

Duotech Services 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 April 19, 2023 and assigned
Florida document number L23000193007.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ASG Operations, LLC	400 Convention Street, Suite 1010	<input type="checkbox"/> Add
		Baton Rouge, LA 70802	<input checked="" type="checkbox"/> Remove
		Attn: Lucie R. Kantrow	<input type="checkbox"/> Change
AMBR	ASG Operations, LLC	400 Convention Street, Suite 1010	<input checked="" type="checkbox"/> Add
		Baton Rouge, LA 70802	<input type="checkbox"/> Remove
		Attn: Lucie R. Kantrow	<input type="checkbox"/> Change
MGR	Daniel Bader	245 Industrial Park Rd	<input checked="" type="checkbox"/> Add
		Franklin, NC 28734	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles Anderson	245 Industrial Park Rd	<input checked="" type="checkbox"/> Add
		Franklin, NC 28734	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ryan Lemoine	400 Convention Street, Suite 1010	<input checked="" type="checkbox"/> Add
		Baton Rouge, LA 70802	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

28
17

(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)

Filing Fee: \$25.00