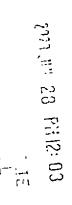
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COVER LETTER

Registration Section

Division of Corporations

TO:

CHD IEVT.	DUIJCAN ETITE EN	760PRISES // C	
SOBJECT:	DUIJCAN ELITE EII Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JOSEPH DUNC	A/V Name of Person	
		Firm/Company	
	2021 47# 57	Address	
	ST. PETERSBU	RG , FC 337/3 City/State and Zip Code	MAIL.COM
		TERPRISES LLC (a) GM to be used for future annual report no	IAIL.COM Unication)
For further information	on concerning this matter, please c	all:	
JOSEPH DUI	VCAN ne of Person	at (<u>727</u>) <u>565-</u> Area Code Daytir	5387 Pro Telephone Number Pri
Enclosed is a check for	or the 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)
P.O. Box 6	on Section f Corporations	Street Address: Registration So Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUIJCAIJ ELITE ENTE (Name of the Limited Liability Comp (A Florida Limited	RPRISES LLC pany as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 339 429</u> . This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		·• ·
		<i>O</i>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7:1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records	s, enter the name of the new registered
New Registered Office Address:		
Enter Florida street address		et address
		, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	rree to act in this capac se performance of my di s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
If Ch.	anging Registered Agent, Sig	gnature 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
AMBR	CHRISTIAINE WESSELBURG	2021 47# ST. N	□Add
Please cl	sange from MER to AMBR.	ST. PETERSBUKG, FL 337/3	□Remove
			Change
			🗆 Add
			□Remove
			□Chànge
			□Add □
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
_ 		 	□Add
			\[\] Remove
			Change
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			□Remove
			Change
			🗆 Add
			□Remove
			□Change

fan e Note	tive date, if other than the date of filing: 7/24/2023 (optional) Nective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	
rece		
rece d is l	īled	\(\frac{1}{2}\)
rece d is t	1 July 24 th 2023.	FA (E1 23)
e rece d is t	1 July 24 th 2023.	FA (E1 23)
e reco	īled	\(\frac{1}{2}\)

Filing Fee: \$25.00