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Office Use Only



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COVER LETTER

TO: Rep	gistration Serision of Co	rporations	•		
SHR IFC'T		ROUP SREVICES LLC			
SOBJECT.		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Chabely C Banos Duran			
			Name of Person		
			Firm/Company		741
		1382 SW 142nd CT			
			Address		
		Miami, FL 33184	- 12 m		<u> </u>
		chabely@durangs.com	P SREVICES LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Chabely C Banos Duran Name of Person Firm/Company 1382 SW 142nd CT Address Miami, FL 33184 City/State and Zip Code subely@durangs.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (786		
		• = •	(to be used for future annu	nal report notificati	on)
For further in	aformation c	oncerning this matter, please c	all:		
Chabely C. I	Banos Duran			865-1401	
	DURAN GROUP SREVICES LLC Name of Limited Liability Company				
Enclosed is a	check for th	ne following amount:			
☑ \$25.00 F	iling Fee		Certified Copy		Certificate of Status & Certified Copy
P.C). Box 632	7		•	
Tal	lahassee, F	L 32314	2415	N. Monroe Sti	reet, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DURAN GROUP SREVICES LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 11/21/2023	and assigned
Florida document number 1.23000524849	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lig	mited liability company here:	
DURAN GROUP SERVICES LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		39 7
(Principal office address MUST BE A STREET ADD	ORESS)	0 1
Enter new mailing address, if applicable:		12: 4
Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or register		the name of the new register
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S.
	. Flo	orida
	City	Zin 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 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
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			□Remove
			Change
			□Remove
			□Change
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Effective da	e, if other than the da	ite of filing:	·		(optional)	
Note: If the i	te is listed, the date must be ate inserted in this block	t does not meet the	applicable statut	ding or more than 90 ory filing requiren	days after filing tents, this date	g.) Pursuant to 605.0 e will not be liste	0207 d as
document's e	fective date on the Depa	rtment of State's r	ecords.				
reported annoi	ies a delayed effective d	and have a second office		01 .1 1		N 201 1 0	
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Filing Fee: \$25.00