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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration So Division of Cor		•	· · · · · · · · · · · · · · · · · · ·
SUBJECT: DV()	Diligence	L.L.C	,
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Romeo R	mero Marce Name of Person	e(,MO)
	Duo Dilic	firm/Company	
		le commercial Address	
	fort Myers	FI 33912 City/State and Zip Code	
	dvodiligence par E-mail address: (ICS & gmail. Com to be used for future annual report notific	fication)
For further information c	concerning this matter, please ca	all:	
Romes Romero Name o	Marcelino of Person	at (239) 202 - 3 Area Code Daytime	3しら e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S \$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)
Mailing Addres	5S:	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

Duo Diligence L.L. (Name of the Limited Liability Companion) (A Florida Limited Liability)	-, <u>C</u>
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\underline{9-15-24}$ and assigned
Florida document number <u>L 2 4000 175992</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
	2
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida

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>	Type of Action
MGR	Romeo Romero yarcelino	5606 Six mile commercial ct APT-2	<u>∥</u> &Add
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			□Change
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ote: If th	late, if other the date is listed, the date inserted in seffective date of	in this block d	oes not meet	the applicab	date of filing or le statutory fil	more than 90 da ng requireme	(optional) sys after filing.) nts, this date v	Pursuant to 605.02 vill not be listed
	specifies a d th day after t			e, but not a	an effective	time, at 12	2:01 a.m. c	n the earlier
ted <u>5-</u>	1-24 Ron		· _		. •			
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		<i>NLO</i> Signa	iture of a mem	<i>neko</i> ber or authori:	zed representati	e of a member		

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Filing Fee: \$25.00