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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor	porations		
SUBJECT:	Dili gence 11C Name of Limited Liability	Company	
The enclosed Articles of	Amendment and fee(s) are submitted for fil	ing.	
Please return all correspo	ondence concerning this matter to the follow	ing:	
	Rome Marcal	MO of Person	
		Company	<del></del>
	186 black Stone	dress	
	186 black Stone Add fort myes fl City/State a	33913 and Zip Code	<u> </u>
	Dw Diliger pavers aym Email address: (to be used for	A. L. COM future annual report notification	1)
For further information c	oncerning this matter, please call:	·	
Romio Ma Name o	f Person at (a)	ea Code) Zol 310 Daytime Telep	hone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	Certificate of Status Certif	Filing Fee & E fed Copy onal copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duo Diligence 110	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2Yoco175997</u> .	were filed on _ 4-1 <u>5-24</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Doo Diligende Con Struction The new name must be distinguishable and contain the words "Limited Liabil	un services L.L.C
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	186 Wack Stend DT fort myurs F1,339/3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	186 black Stane Dr 33 fort myers f1, 33913
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 186 516	ack Stane Dr Enter Florida street address
fort m	City Florida 339/3
	•

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>	Address	Type of Action
<u>Ceo</u>	Romes Myrcelino	<del></del>	□Add
			Remove
		186 black stone Dr. fortmys, f	1 1/3 Change
			□Add
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		□Change	
			□Add
		□Remove	
			□Remove
			□Change

## Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
<u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Rame.
	Romeo Marcellyo Typed or printed name of signee
	Komeo Marceling

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Filing Fee: \$25.00