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| (Re | questor's Name) | <u> </u> | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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B. KOHR

JUL - 1 2008

EXAMINER

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2008

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: DI POTASHNIK, LLC Ref. Number: L08000049096 Orived of Starks

We have received your document for DI POTASHNIK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

Since "LP" is a limited partnership suffix, it cannot be used in the name of a limited liaibility company. So we cannot accept the name "DIP LP, LLC"

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 608A00039023



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DI Potashnik, 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 Liabi | lity Company were filed on May 16, 2008 | and assigned |
| Florida document number L08000049096 | · | |
| | | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| DIPLP, LLC | | |
| The new name must be distinguishable and end with th "L.L.C." | e words "Limited Liability Company," the des | signation "LLC" or the abbreviati |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | | |
| | <u>.</u> | |
| | | • |
| Enter new mailing address, if applicable: | · | |
| (Mailing address MAY BE A POST OFFICE BO. | <u></u> | ······································ |
| | | |
| B. If amending the registered agent and/or i | repistered affice address on our record | le enter the name of the na |
| registered agent and/or the new registered office | | , value in all and a second |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| • | (Enter Florida | a street address) |
| _ | , F | ilorida |
| _ | (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| MGRM = Managing Member | | | | |
|------------------------|---|---|----------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| - | | | Add Remove | |
| | | | Add | |
| | | | Add Remove | |
| D. If amend | ding any other information, enter chang | e(s) here: (Attach additional sheets, if necessary. |) | |
| _ | | | | |
| _ | | | | |
| Dated | Charle Blo | 8. | | |
| | / / ⁻ | or authorized representative of a member | | |
| | Cheryl Potashnik | or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00