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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]
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2011 OCT 1-3 RM 12: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIO

C. LEWIS

OCT 1 4 2011

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section f Corporations	•	No.
SUBJECT:	DK Opportunity I	Fund Advisors, LLC	
SUBJECT.		Liability Company	
The enclosed Article	es of Amendment and fee(s) are submi	tted for filing.	
Please return all cor	rrespondence concerning this matter to	the following:	
		Jeff Klotz	
		Name of Person	
	Am	vestar Capital, LLC	
		Firm/Company	
	416	Third St., S. Suite 1	
		Address	
		nville Beach, FL 32250	
		City/State and Zip Code	
	realesta E-mail address: (to b	atejaxbch@yahoo.com be used for future annual report notifice	ution)
For further information	tion concerning this matter, please call		
	Jeff Klotz	ui \	14-1090
N	lame of Person	Area Code & Daytime	Celephone Number
Enclosed is a check	for the following amount:	,	
\$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2011 DCT ...

			CC CL 1-3 64 6: 78
DK Oppor	tunity Fund Adviso	rs, LLC	TALLERETARY OF OF
(Name of the Limited Liah	ility Company as it now ap ida Limited Liability Compa	pears on our records	STATE OF STATE
. (A Floi	ida Ellined Elabinty Compa	iiy)	LONIDA
The Articles of Organization for this Limited Liabili	ty Company were filed on	August 9, 20	and assigned
Florida document numberL11000091401	<u> </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	here:	
An	vestar Capital, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	ompany," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
intuiting undress MAII BEAT TOST OF TREE BOA			
B. If amending the registered agent and/or re	egistered office address	on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office			
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	t address
		, Florid	a e
_	City	, Floriu	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
····			Add Remove
····			Add Remove
<u>_</u>			Add Remove
). If amen	ding any other information, enter	change(s) here: (Attach additional sheets, i	f necessary.)
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Page 2 of 2

Filing Fee: \$25.00