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SECRETARY OF STATE DIVISION OF CORPERATIONS

T. HAMPTON

JAN 2 7 2011

EXAMPLES

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	DUM	STORF, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		Martha-Irene Weed		
		Name of Person		
		Dumstorf, LLC		
		Firm/Company		
	100	3 West Cleveland Stre	eet	
		Address		
		Tampa, FL 33606		
		City/State and Zip Code		
	E-mail address: (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please of	call:		
Mart	tha-Irene Weed	at (813)	254-9005	
Name	of Person	Area Code &	254-9005 Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

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

TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONVISION OF CORPORATIONS OF ARTICLES OF AMENDMENT

11 JAN 26 AM 11: 23

	DUMSTORF, LLC		
(<u>Name of the Limite</u>	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited 1	Liability Company were filed on	March 26, 2003	and assigned
Florida document numberL0300001	0977		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	e <u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	he name of the new
Name of New Registered Agent:	Martha-Irene Weed		
New Registered Office Address:	1003 West Cleveland Stre		
	E	nter Florida street addi	ress
	Tampa	, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sharon Tondreau	P.O. Box 9054 Masaryktown, FL 34604	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 		change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF STATE OF CURPORATIONS 11 JAN 26 幅旧: 23
	- Mad	ember or authorized representative of a member	
	Т	Martha-Irene Weed Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00