3000031457

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EXAMINER

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COVER LETTER

SUBJECT: Deringt					8
SUBJECT: Domig	(Name of Lim	ited Liability Company)	······································		iid
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ŕ		
Please return all correspondent	ondence concerning this matter	to the following:			
	Art McQuillan				
(Name of Person)					
Derington Properties					
(Firm/Company)					! !
240 NW Harwell Court					
(Address)					
Lake City, FL 32055				2009 MAR 23 PM 3: 56 SECRETARY OF STATE: ALLAHASSEE, FLORIDA	
		(City/State and Zip Code)		SIA.	D
For further information of	concerning this matter, please c	all:		S6	
Art McQ	uillan	at (386) 754-7228			
(Name of Person) (Area Code & Daytime Telephone No			Celephone Number)		
Enclosed is a check for t	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional of	of Status &	osed)

MAILING ADDRESS:

TO:

Registration Section

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

	Derington Properties		
(Name of the Limited	Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L	_ and assigned		
Florida document number L03000031457	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with L.L.C."	ith the words "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation
Enter new principal offices address, if appli	cable:	Ās	200
(Principal office address MUST BE A STREI	ET ADDRESS)	LCC Arc	9 T)
		HASSEI	23 <u></u>
Enter new mailing address, if applicable:		: <u>'</u> '	3 11
(Mailing address MAY BE A POST OFFICE	BOX)	LORD	မှု 🔾
		Ş.	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the	name of the new
Name of New Registered Agent:	Arthur J. McQuillan		
New Registered Office Address:	240 NW Harwell Court		
		(Enter Florida street addres	•
	Lake City	, Florida <u>32055</u>	
	(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.

Page 1 of 2

(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

Type of Action Title Address Name MGRM Bebe D. McQuillan 240 NW Harwell Court ■ Add Lake City, FL 32055 ₹ Remove Arthur J. McQuillan MGR 240 NW Harwell Court ■ Add Lake City, FL 32055 Remove Add Remove Rehove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 19 2009 Dated _ Signature of a hyember or authorized representative of a member Arthur J. McQuillan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00