L03000034685

,	(Requestor's Name)	
	(Address)	
. ((Address)	
	(City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	(Business Entity Nan	ne)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
	A. L	UNT
	APR 2	7 2011
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2012

KENNETH R. DEPASQUALE P.O. BOX 548 OCALA, FL 34478-0548

SUBJECT: THOROUGHBRED HOSPITALITY AT SPRUCE CREEK

PRESERVE, LLC

Ref. Number: L03000034685

We have received your document for THOROUGHBRED HOSPITALITY AT SPRUCE CREEK PRESERVE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P04000166139.

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

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 712A00011237

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOROUGH BRED HOSPITALITY AT SPRUCE CREEK PRESSRUE LLC Name of Limited Diability Company

KENNETH R. DEPASQUALE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		Name of reison	Jan en	
	THOROUGH bre	Firm/Company or So	CP LLC	•
	POST OFFICE	Box 548		
		City/State and Zip Code	7.F	
	KAREN@KA	RENDEPASQUALE. to be used for future annual report notifica	Com tion)	
For further information of	concerning this matter, please c	all:		
KENNETH R	DEPASQUALE	at (352) 35 - 88	elephone Number	
Enclosed is a check for t	he 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 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trorroughored Hospitality of spruce CREST PRESIRUE, LLC.
(Name of the Limited Liability Company as it how appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 09/12/2003 and assigned
Florida document number L0300003468	15
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here DMD DEVELOPERS LLC
עויוע בייועב	SONOWNY LLL
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
1.5.0.	22
Enter new principal offices address, if applicable: NIA	
(Principal office address MUST BE A STREET ADDRESS)	2012 APR
	26 17
Enter new mailing address, if applicable:	
1	
(Mailing address MAY BE A POST OFFICE BOX) N A	The state of the s
registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere: NIA
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Ager	" NIA
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	aplete performance of my duties, and I am familiar with and s provided for in Chapter 608, F.S. Or, if this document is

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
	•		
			Remove
			Add Move
			Add? Remogve
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if nece	essary.) NIA
	() () () () ()		·····
Dated	Apreil 4 20	42 C Oul	
	Signature of a member KENNETH F	er or authorized representative of a member 2. DEPASQUALE To printed name of signee	

Page 2 of 2

Filing Fee: \$25.00