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(Requestor's Name)				
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D. BRUCE

APR 27 2012

EXAMINER

COVER LETTER

Division of Cor	rporations					
SUBJECT:	DLM, LL	c				
		ited Liability Company	 			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Dan.	Millner				
		Name of Person				
DLM, LLC						
Firm/Company						
	(2205 /	Costrios Lundine	•			
		Captain's Lunding Address		Project		
	N. Palm 1.	Beach, FL 3340 City/State and Zip Code	>8	W T		
	4			元 元	-	
	dan@1	nillner homes-com to be used for future annual report notifica		တို့ဆိုတ		
	E-mail address: (to be used for future annual report notifica	ition)		TH.	
For further information of	concerning this matter, please of	eall:		9	O	
Name o	of Person	at () Area Code & Daytime T	Felephone Number			
		·····				
Enclosed is a check for the	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 I Certificate of Certified Cop (additional co	f Status &)	

MAILING ADDRESS:

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

(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 Florida document number <u>Lo3000</u>		were filed on 9/22	↑2∞3 and assigned			
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liabi	ility company here:				
The new name must be distinguishable and end v "L.L.C."	vith the words "Limit	ted Liability Company," th	e designation "LLC" or the abbreviation			
Enter new principal offices address, if appl	icable:	Platio	um Properties			
(Principal office address MUST BE A STRE		350 Cel	estial Way			
		Jano Ba	ach, FC 33408			
Enter new mailing address, if applicable:		Platino	im Properties			
(Mailing address MAY BE A POST OFFICE	E BOX)	350_C	Elestial Way			
		E	each, FC 33408			
B. If amending the registered agent and registered agent and/or the new registered	l/or registered off office address here	fice address on our re	cords, enter the name of the new			
Name of New Registered Agent:			28			
New Registered Office Address:	350	Celestial	U y a grida street ada grida street			
	Juno	Celestial Enter Flo Beach	Florida 33408			
		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 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> <u>Name</u> **Type of Action Address** Regina D. Millner MERM ☐ Add Remove Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00