

**L03000059719**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6393

From: Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305)789-9200  
Fax Number : (305)789-9201

NOV 28 2012  
L. SELLERS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: esalcedo@fowler-white.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DELTA BAY INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DELTA BAY INVESTMENTS LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**JEANNE FUENTES LOPEZ**

Name of Person

**FOWLER WHITE BURNETT, P.A.**

Firm/Company

**1395 BRICKELL AVENUE, 14TH FL**

Address

**MIAMI, FLORIDA 33131**

City/State and Zip Code

**ESALCEDO@FOWLER-WHITE.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JEANNE FUENTES LOPEZ** at **305 789-9269**

Name of Person

Area Code & 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 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DELTA BAY INVESTMENTS LLC

(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 Liability Company were filed on 12/15/2003 and assigned Florida document number L03000052719.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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

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FLORIDA

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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

Title	Name	Address	Type of Action
MGR	ALFREDO PATRONE	5805 BLUE LAGOON DRIVE, SUITE 220	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input checked="" type="checkbox"/> Remove
MGR	ARTEMIS GROUP, INC.	5805 BLUE LAGOON DRIVE, SUITE 220	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

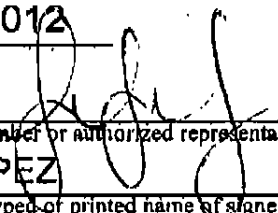
12 NOV 27 PM 1:39  
Add  
Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 15, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JEANNE FUENTES LOPEZ**  
\_\_\_\_\_  
Typed or printed name of signee