(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
City/State/Et	
(Business Entity Name)	
(Document Number)	
Certificates of Status	
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Office Use Only	

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G. MCLEOD

JUL 21 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: D and S ACQUISITIONS ILC (Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
JOSEPHE CANTER						
Dand & Acquisitions LLC (Firm/Company)						
329 milton AVE						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Kevin W. Sanders at (904) 487-9703 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio						

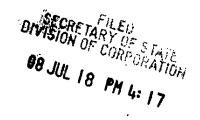
MAILING ADDRESS:

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



Danis ALO	10131110	MS, LLC		
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears or ability Company)	our records.)	
The Articles of Organization for this Limited L		were filed on <u>07</u>	102/200	9 and assigned
Florida document number 4040000 8	<u>, 1091</u> .			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	<u>f the limited liabil</u>	lity company here:		
Keeping Same N The new name must be distinguishable and end with	Ame			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company,"	' the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:	329 MG	L'on A	Ve
(Principal office address MUST BE A STREE	T ADDRESS)	INTER (ACL	en FC	32148
		 		<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			•
B. If amending the registered agent and/or the new registered of			records, enter th	e name of the new
	T21001	1 F N	11-700	
Name of New Registered Agent:	JOSEPE		9) (4)	<u> </u>
New Registered Office Address:	329 1	MILL TON	Florida street addr	2001
	11/20-1	(City)	Florida 3	2148
	1/2	(City)	,vv	(Zip Code)
New Degistered Agent's Signature if shanging I				

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.

Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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 = M8	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Joseph E Carter	329 milton AVE INTERLACHER FLBUS	Add Remove
MGR	Kevir W. Sørbers	9951 ATLANTIC BLUD SUITE 294 JACKLONVILLE FL 322	Add Remove
			Add Remove
			Add Remove
	· ————————————————————————————————————		Add Remove
			Add Remove
J0	useph E. CAT	e(s) here: (Attach additional sheets, if necessary.) Ter IS AT GOP/ KeVin W. Sander Lership	<u>/o</u> <u>s</u> —
 Dated <u>J <i>V</i></u> -	doseph E.	or authorized representative of a member Or Arter	

Page 2 of 2

Filing Fee: \$25.00