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SECKETARY OF STATE

D. BRUCE

SEP 16 2011

**EXAMINER** 

## **COVER LETTER**

TQ: Registration Section Division of Corporations	
SUBJECT: DES INVESTIMENT	AS CC
Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
Evant . M	Name of Person
·	Firm/Company
2498 5000	was and For -
Sino Diani	Address
Prox Rollan	TY 33432 88 5
City	/State and Zip Code
E-mail address: (to be u	CONCONTINON CONTRACTOR
For further information concerning this matter, please call:	sed for future annual report notification)
W Hewat Eighten Name of Person	at (30') 116 - 1560 Area Code & Daytime Telephone Number
	, ,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \square     \text{S10.00 Filing Fee & } \square \text{Certificate of Status}\$	\$55.00 Filing Fee & S60.00 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 ARTICLES OF ORGANIZATION **OF**

DES. TURBUCUE	s, CC( ,
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 40400066091	were filed on 9.08.2004 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TCH SE
(Principal office address MUST BE A STREET ADDRESS)	D TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE FLORIDA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	wat Fight
New Registered Office Address: 2498	Enter Florida street address
fresh for	City, Florida 33432 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Lip code

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

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address SONIN	Type of Action
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				Add Remove
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D. If am	ending any other informat	ion, enter change(s	) here: (Attach additional sheets, if nece	essary.)
				1 SEP 15
Dated	9.12	. 20	· · · · · · · · · · · · · · · · · · ·	FI EN 24  EFF STATE  FINDA
			authorized representative of a member	
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Page 2 of 2

Filing Fee: \$25.00