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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SCUBELTARY OF LIVING TALL ARKSSET, FLUING DATE.

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Dunphy Name of Hami	Properties LLC led Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
		im Dunphy Name of Person			
	Do	uphy Properties	LLC		
	170	7 Ryan Ar Address	ice		
	Lu	tz TL 335 City/State and Zip Code	49		
	E-mail address: (t	jimid @ verizon.	net ication)	20	
For further information co	oncerning this matter, please ca	II:		2014 HAR SECOND	* 1 1
Moll Name of	e Dunshy Person	at (813) 817 Area Code Daytime	4130 Telephone Number	20 1517	Comments of the Comments of th
Enclosed is a check for th	e following amount:			Mai: 59	اسيوا
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, of Status &	

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

(Name of the Limited Liability Company as it now	tue LLC	
(A Florida Limited Liability Con	mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number $\mu = \frac{1}{2} \frac{4444}{444} \frac{11937}{4444}$	d on 2 -4 -05 and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and end with the words "Limited Liability Compar	any," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7. 20	
Enter new mailing address, if applicable:	20 20	1
(Mailing address MAY BE A POST OFFICE BOX)		. 75
	12(2)	3
	5 <u>2</u> (6	
B. If amending the registered agent and/or registered office address here:		
registered agent under 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action 14414 Caribbean Broeze Dyndd AMBR Marshall Bigler Unit 104 Diemove ampa 72 33613 Add تي _□ Remove □ Remove ☐ Remove □ Add □ Remove _ Add □ Remove

fective date this does	e, if other than the date of filing:
ne date this doc	nument is filed by the Florid Department of State
ffective date the effective date the date this document attending the date of	nument is filed by the Florid Department of State

Page 3 of 3

Filing Fee: \$25.00

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