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(Request	or's Name)
(Address)
. (Address	
(City/Stat	re/Zip/Phone #)
PICK-UP	WAIT MAIL
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	EXAMINER

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09/20/10--01034--009 **25.00

2011 SEP 20 PM JS 22 SEGRETARY OF STATE, TALLAHASSEE, FLORIE,

COVER LETTER

TO: Registration Division of C	Section Corporations		·		
SUBJECT:	DLD FISH	ER ISLAND, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Joel Reinstein, Esq.			
•		Name of Person			
÷		Joel Reinstein, P.A.		2010 SEP SEGNET TALLAHI	
		Firm/Company		AF SEP	י
	925 S.	Federal Highway, Suite 325		20 TARY ASSE	
		Address		F 32	
	B	oca Raton, FL 33432		STATE LORIGI	•
		City/State and Zip Code		is the second	
	jo E-mail address: (el@reinsteinlaw.com to be used for future annual report notifical	tion)		
For further informatio	on concerning this matter, please of	all:			
W	anda S. McNulty	at (561) 39	93-6714		
Nam	ne of Person	Area Code & Daytime T	elephone Number	r	
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
Reg	ILING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLD FISHER (Name of the Limited Lightlity Compa	ISLAND, LL	C	_	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company))		
The Articles of Organization for this Limited Liability Company Florida document numberL0500021947	were filed on	March 1, 2005	and assig	ined
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	pility company ho	ere:	2010 SEP 20 SEGRETARY	卫
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	pany," the designation "I	Tell or the ab	breviano
Enter new principal offices address, if applicable:	<u>7050 W. Pa</u>	lmetto Park Road,	# 15 -6 48	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton	, FL 33433	·	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7050 W. Pal Boca Raton	metto Park Road,	#15-646	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on		he name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	£	nter Florida street add	ress	
		, 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

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>	Address	Type of Act	tion
<u>MGR</u>	Diane L. DaSilva	7040 W. Palmetto Park Rd., #4-646 Boca Raton, FL 33433	Add	
			201@SEP 2	الراد والا
			Reprove 1A.K.)	
•			A Remove	
			Add Remove	
	•		Add	
			Remove	
		change(s) here: (Attach additional sheets, if necessary. ntirety and replaced wtih the following:)	
•		ICLE VIII		
-	Memb	er Managed		
-	This Company shall b	be Member managed."		
Dated	9/14/	2010		
•	Diane Z. O. Signature of a m	nember or authorized representative of a member		
		Diane L. DaSilva Typed or printed name of signee		
		ryped of printed name of signee		

Page 2 of 2

Filing Fee: \$25.00