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| uestor's Name)                          |  |  |  |  |  |
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| iness Entity Na                         | me)  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certificate                             | s of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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**EXAMINER** 

TALL THANKER BLORING TALL THANKS FOR THE PROPERTY OF STATE

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## **COVER LETTER**

| TO: Registration S Division of Co          |  | •  |  |
|--|--|--|--|
| SUBJECT: DA                                | NIEL C. D  | DAOBE, JR., MD, Lited Liability Company  | LC   |
|  | Name of Limi   | ica Elability Company  |  |
| The enclosed Articles of                   | Amendment and fee(s) are sub   | omitted for filing.  |  |
| Please return all corresp                  | ondence concerning this matter   | to the following:  |  |
| •<br>• • • • • • • • • • • • • • • • • • • |  | DALE E. UEITCH Name of Person  | -  |
|  | hē   | EXING TON FAMILY OY<br>Firm/Company  | VICE .   |
|  | 1651 N   | CYDEMORRIS BIVO,   | 57E4   |
|  | DAYTO<br>Dale (<br>E-mail address: (   | City/State and Zip Code   | U)   |
| For further information                    | concerning this matter, please of  |  |  |
| DA E                                       | OF TTCH of Person  | at (386) 566-7249<br>Area Code & Daytime Telephone Numb  | per .  |
|  | ••   |  | •  |
| Enclosed is a check for                    | _  | _  |  |
| \$25.00 Filing Fee                         | \$30.00 Filing Fee & Certificate of Status   | Certified Copy Certific (additional copy is enclosed) Certific Cer | Filing Fee,<br>cate of Status &<br>ed Copy<br>onal copy is enclosed) |
| Regiss<br>Divisi<br>P.O. E                 | LING ADDRESS:<br>ration Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  | ZHZ CCT -3 PA<br>SECRETARY OF<br>FALL AHASSEE, F                     |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|           | Name of the Limited Li   | DAUSE, JR. MI<br>ability Company as it now appears on o                    | U/ALC<br>ur records,) | <u></u>         |           |
|-----------|--|--|-----------------------|-----------------|-----------|
|           | (A FI  | ability Company as it now appears on o<br>orida Limited Liability Company) |                       |                 |           |
| The A     | Articles of Organization for this Limited Liab   | lity Company were filed on   | -105/2                | 205and assigne  | ed        |
| Floric    | la document number <u>LO5000</u>   | 044668   | '                     |                 |           |
| This a    | amendment is submitted to amend the follow   | ing:   |                       |                 |           |
| A. If     | amending name, enter the new name of th  | e limited liability company here:  |                       |                 |           |
|           |  |  |                       |                 |           |
| The n     | ew name must be distinguishable and end with the common of | he words "Limited Liability Company," th                                   | ne designation "L     | LC" or the abbr | eviation  |
| Enter     | r new principal offices address, if applicab   | le:  | •                     |                 |           |
|           | cipal office address MUST BE A STREET  | <del></del>  |                       |                 |           |
| 107711    |  |  |                       |                 |           |
|           |  | 10.00.20   |                       |                 |           |
| Ente      | r new mailing address, if applicable:  |  |                       |                 |           |
|           | ling address MAY BE A POST OFFICE BO   |  |                       |                 |           |
| 1172 1211 | ing unitess MAT BE AT OUT OFFICE BU  |  |                       |                 |           |
|           |  |  |                       |                 |           |
| В. І      | f amending the registered agent and/or   | registered office address on our re  | cords, enter t        | hename of th    | he nev    |
| regist    | tered agent and/or the new registered offic  | e address here:  |                       | 351             |           |
|           |  |  |                       | 물품 용            | 1:        |
|           | Name of New Registered Agent:  |  |                       | <u> 경기</u>      | , kan s   |
|           | New Registered Office Address:   |  |                       | SES<br>S        | t<br>pre- |
|           | New Registered Office Address.   | Enter Flo  | orida street add      | ress ()         |           |
|           | ,  | •  | Planta                |                 | ***       |
|           |  | City   | , Florida             | Zip Code        |           |
|           |  | <del></del> /  | •                     | r 2000          |           |

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 **Type of Action** Address ' • Title <u>Name</u> Daniel C. Daube, Sr., Truste DCDS MANAGEMENTULL ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00