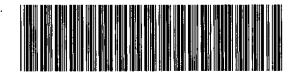


(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone#	)
PICK-UP	WAIT	. MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

. Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	DON JOE TONY LLC  Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	RON SWEENEY	
	Name of Person	
	DON JUE TONY LLC Firm/Company	
	Firm/Company	
	G400 E. ROGERS CIRCLE	
	Address	
	BOCA RATUN, FL 33499  City/State and Zip Code	
	rons esetacorporation a com  E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
RON SWEEN	UEY at (S61) 994~2660 X - 2207  Area Code & Daytime Telephone Number	
Name of Pe	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the i	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co	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

DON JOE	TONY LL	. C	
(Name of the Limited Liability (A Florida	Company as it now a Limited Liability Comp	ppears on our records. any)	)
The Articles of Organization for this Limited Liability C	Company were filed or	7/11/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compan	<u>y here</u> :	
DON SETA	LLC		
The new name must be distinguishable and end with the would "L.L.C."	rds "Limited Liability (	Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			1 to 1
(Principal office address MUST BE A STREET ADDI	RESS)		
			35 N
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	DM <b>S</b>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>en</u> t	er the name of the new
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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
		<del></del>	Remove
	·		Remove
			Remove
			Remove
		<b></b>	Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Dated	12/19 2012.
	Queter
	Signature of a member authorized representative of a member
	DON SETA - MANAGING MEMBER  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00