(Requ	(Requestor's Name)			
(Addre	ess)			
(Addre	vcc)	<u>.</u>		
(Addie	:55)			
(City/S	State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
		I MANAGE		
(Pusin	ess Entity Name)			
(Busin	ess Entity Name,			
•				
(Document Number)				
Certified Copies	Certificates of	Status		

Special Instructions to Filing Officer:

L. SELLERS

JUN - 5 2008

EXAMINER

Office Use Only



200130569712

06/04/08--01007--026 **30.00

COVER LETTER

TO: Registration Sec Division of Corp			۵		
SUBJECT: DNF Res	alty Group, LLC				
SOURCE:		ed Liability Company)	_		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return all correspon	dence concerning this matter to	o the following:			
•	J	•			
	Dallas Florence				
		(Name of Person)			
	DNF Realty Group, LLC				
		(Firm/Company)			
	4621 SW 27th Street				
		(Address)			
	West Park, Florida 33023				
		(City/State and Zip Code)			
For further information con	ncerning this matter, please cal	ll:			
Dallas Florence		at (954) 605-1651			
(Name of	Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 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 Tailahassee, 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

FILED

2008 JUN -4 PM 2: 03

SECRETARY OF STATE

DNF Realty Group, LLC (Name of the Limited Liability Company as it now appears on our records.) ASSEE. FLORIDA
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/20/2005 and assigned Florida document number 470957419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DAL Services, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4621 SW 27th Street Enter new principal offices address, if applicable: West Park, Florida 33023 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) _, Florida __ (City) New Registered Agent's Signature, if changing Registered Agent:

(If Changing Registered Agent, Signature of New 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 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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessar	ry.)
_			
-			2008
Dated	May 28, 2008 On On A Plana Signature of a member of	or authorized representative of a member	2008 JUN -4 P
	Dallas N. Florer Typed o		PM 21 03

Page 2 of 2

Filing Fee: \$25.00