

L05000073928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JAN 4 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

DEGA HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANNON UNGERER
Name of Person

DEGA HOLDINGS, LLC
Firm/Company

701 S HOWARD AVE, STE 106-225
Address

TAMPA, FL 33629
City/State and Zip Code

SUNGERER10@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON UNGERER at (813) 380 4277
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
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

DEGA HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/27/2005 and assigned
Florida document number L05000073928

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701 S HOWARD AVE
STE 106-225
TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 S HOWARD AVE
STE 106-225
TAMPA, FL 33606

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:

SAME NAME (SHANNON UNGERER)

New Registered Office Address:

701 S HOWARD AVE, STE 106-225

Enter Florida street address

TAMPA

City

Florida

33606

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHANNON UNGERER	701 S HOWARD AVE STE 106-225 TAMPA, FL 33606	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> ADDRESS CHANGE
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 JAN 13 AM 11:13
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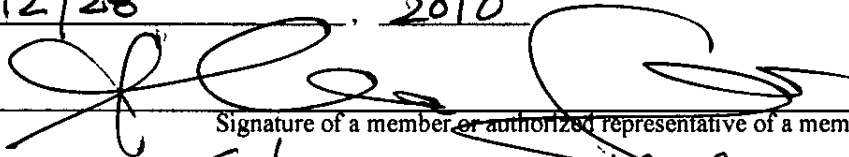
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MY INTENTION OF THIS AMENDMENT IS TO CHANGE THE ADDRESS.

NOTHING SHOULD SHOW: 2423 W SUNSET DR.

ALL SHOULD SHOW: 701 S HOWARD AVE, STE 106-225
TAMPA, FL 33629

Dated 12/28, 2010



Signature of a member or authorized representative of a member

SHANNON UNGERER
Typed or printed name of signee