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SECRETARY OF STATE



COVER LETTER

Division of Corp			
SUBJECT: DM	T Internal (Name of Lim	ited Liability Company)	<u>(1</u> C
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u> 518 L</u>	(Name of Person) AKL Mauda (Firm/Company) Haven H. (Address)	pso- e Dr. he 33881
		(City/State and Zip Code)	** ***
For further information co	oncerning this matter, please c	all:	
(Name o	f Person)	at ()(Area Code & Daytime T	elephone Number
Enclosed is a check for th	·	(Alea Code & Daytille I	etephone Number)
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

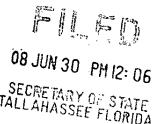
MAILING ADDRESS:

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



DMTIL	2	TEATINGSEE FLORIDA
(Name of the Limited Liabil	ity Company as it now appears a Limited Liability Company)	on our records.)
(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>LOSOOO 79</u>	1514	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v	onal Group vords "Limited Liability Company	y," the designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:	Same	No Charge
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	ddress here:	
Name of New Registered Agent:	Same "Noc	change 11
New Registered Office Address:	Æ.	Pl. :: 1
	(Ente	er Florida street address)
·	(0)	, Florida
	(City)	(Zin 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)

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
			TE _
D. If amer	nding any other information, e	nter change(s) here: (Attach additional shee	
- -			OB JUN 30 PM 12: 06 SECRETARY OF STATE PALLAHASSEE FLORIDA
Dated	MNY 5,2008	/, M Parison	8

Page 2 of 2

Filing Fee: \$25.00