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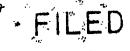
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FILEU 2009 SEP - 1 AM TO: 35 SECRETARY OF STATE SECRETARY OF STATE

SEP 2 2009
EXAMINER

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION



OF

2009 SEP - 1 AM 19: 35

D Tovestments LLC SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our feebles ASSEE, FLURIDA (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on /0/3/2005 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5561 W. Dokkand PK BIND. Lander hill, FL. 33313	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice 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:

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

Page 1 of 2

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Name** Address **Type of Action** SHARON N. Foster 1684 S.W. 38 Street

MARMAN 12 33027

Collect Campbell Jaunmand 3322 Schefffer Road

Tompa, 190, 33618 Add Remove ∏Add ☐ Remove Add Remove □Add \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated gnature of a member or authorized representative of a member Typed or printed name of signee

) If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00