## 105000103181

(Re	equestor's Name)	
(Ác	idress)	
(Ad	ldress)	
(Ćit	ty/State/Zip/Phone	÷#)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DAVID G. REBACK, 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:
rease tetari an concespondence concerning this namer to the following.
D Virginia Jones
(Name of Person)
Appat Evaluation Chartonian LLC
Asset Exchange Strategies, LLC  (Firm/Company)
(This company)
2407 S Bagdad Road
(Address)
Leander TX 78641
(City/State and Zip Code)
For further information concerning this matter, please call:
D. Virginia Janea 512 520 0004
D Virginia Jones at (512) 528-0801 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (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

D	AVID G. REBACK, LLC			<del> </del>	
	(Present Name) (A Florida Limited Liability Company)				
FIRST:	document number L05000103181	and assigned			
SECOND:	This amendment is submitted to amend the following:				
	DAVID G REBACK, LLC	_ ==			
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				<u></u>	
		<u>-</u>		<del></del> -	
			SEU ALLA	05 ₩	-
Dated Nov	ovember 17		HASSEE F	NOV 22 PH	
	Signature of Amothber or authorized representative of a men	nber	STATE	#: ·	J
	D Virginia Jones				
	Typed or printed name of signee	····	<del></del>		

Filing Fee: \$25.00