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(Requestor's Name)

(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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A

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B. KOHR

AUG 27 2012

EXAMINER



500238789655

08/23/12--01008--012 **25.00

12 AUG 23 PM 12:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

B. KOHR

AUG 27 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAS ENTERPRISES, 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:

DAVID SIMON

Name of Person

DAS ENTERPRISES, LLC

Firm/Company

493 PEPPERMILL CIRCLE

Address

KISSIMMEE, FL 34758

City/State and Zip Code

dassenterprises@aol.com

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 23 PM 12:14

For further information concerning this matter, please call:

DAVID SIMON

Name of Person

at (407)

346-4984

Area Code & Daytime Telephone 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
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**

DAS ENTERPRISES, LLC

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

FILED
STATE
DIVISION OF CORPORATIONS
12 AUG 23 PM 12:14

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L06000015040.

This amendment is submitted to amend the following:

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

SAME AS ABOVE

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:

SAME AS ABOVE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME AS ABOVE

(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

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.

 MGRM
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:

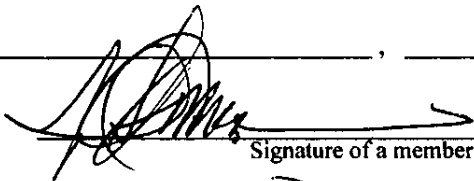
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------------------------------------|----------------------------------------------------------------------------|
| mGRM | David Simon | 493 PEPPERMILL CIRCLE KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | 493 PEPPERMILL CIRCLE KISSIMMEE, FL 34758 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change David Simon to managing Member
who is the Owner of the Company

Dated _____, _____.



Signature of a member or authorized representative of a member

DAVID SIMON

Typed or printed name of signee