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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DEE PROPERTIES, LLC
SUBJECT:  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:
JEFFREY SETH SELZER, ESQ.
Name of Person
SELZER & WEISS
Firm/Company
1515 NE 26TH STREET
Address
FORT LAUDERDALE, FL
City/State and Zip Code  JS@SELZERANDWEISS.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEFFREY SETH SELZER 954, 567-4444
Name of Person Area Code Daytime Telephone Number
Final and to a shoot for the following arrays.
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

DEE PROPERTIES, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L06000053016</u> .	were filed on 05/12/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2631 NE 14TH AVE R 400	
(Principal office address MUST BE A STREET ADDRESS)	WILTON MANORS, FL 3333	34
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address her		
	•	±4 >∞
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		9: 20 Leak
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR= M AMBR= A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
,			□ Add
		<u> </u>	Remove
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			□ Remove
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			□ Remove

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	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
Dated	•
Dated	Delux
	Concloy a Deflect Signature of a member or authorized representative of a member
	De la Delas

Page 3 of 3

Filing Fee: \$25.00

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