Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D.C. EVERETT & SONS, LLC

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EXAMINER

COVER LETTER

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		·	COVER BETTER	H10000004092 3
TO:	Registration S Division of Co.			
SUBJI	ECT:	D.C. Eve	rett & Sons, LLC	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Van	······································	
			we(s) are submitted for filing. It this matter to the following: Vanessa J. Skinner, Esquire Name of Person Berweedle, Haines, Ward & Woodman, P.A. Firm/Company 329 Park Avenue North, Second Floor Address Winter Park, FL 32789 City/State and Zip Code mhunt@dykeseverett.com all address: (to be used for future annual report notification) aer, please call: at (407) 423-4246 Area Code & Daytime Telephone Number at: Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee,	
		Winderweedle	, Haines, Ward & Woodman, F	P.A.
			D.C. Everett & Sons, LLC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. See concerning this matter to the following: Vanessa J. Skinner, Esquire Name of Person Winderweedle, Haines, Ward & Woodman, P.A. Firm/Company 329 Park Avenue North, Second Floor Address Winter Park, FL 32789 City/State and Zip Code mhunt@dykeseverett.com E-mail address: (to be used for future annual report notification) ming this matter, please call: J. Skinner at (407) 423-4246 Area Code & Daytime Telephone Number Iowing amount: \$30.00 Filing Fee & Status Certificate of Status & Certificate of Stat	
		329 Park	Avenue North Second Floor	
		Winderweedle, Haines, Ward & Woodman, P.A. Firm/Company 329 Park Avenue North, Second Floor Address Winter Park, FL 32789 City/State and Zip Code mhunt@dykeseverett.com		
				4246 hone Number 360.00 Filing Fee, Certificate of Status & Certified Copy
	•	<u>V</u>	Limited Liability Company re submitted for filing. natter to the following: Vanessa J. Skinner, Esquire Name of Person edle, Haines, Ward & Woodman, P.A. Firm/Company Park Avenue North, Second Floor Address Winter Park, FL 32789 City/State and Zip Code mhunt@dykeseverett.com ess: (to be used for future annual report notification) asc call: at (407) 423-4246 Area Code & Daytime Telephone Number \$\$55.00 Filling Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)	
		mhi	•	
		E-mail address: (to be used for future annual report notification	n)
For fur	ther information of	concerning this matter, please o	all:	
		essa J. Skinner	at (407) 423	-4246
	Name (of Person	Area Code & Daytime Tele	phone Number
Enclos	ed is a check for t	he following amount:		
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.C.	Everett &	Sons, LLC		
(Name of the Limited Lia) (A Flor	ida Limited L	ny as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	ty Company	were filed on	July 19, 2006	and sesigned
Florida document number £06000071822		-		が発し
				西岛 呈
This amendment is submitted to amend the following	g:			105 66
A. If amending name, enter the new name of the	limited liabi	lity company here	:	
		e Services, LLC		*
The new name must be distinguishable and end with the "L.1, C."	words "Limit	ted Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	:	822 West Cen	tral Boulevard	
(Principal office address MUST BE A STREET AI	DDRESS]	Orlando, FL 32	2805	
			•	
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or re	egistered off	ice address on ou	r records, enter t	he name of the new
registered agent and/or the new registered office :			· 	
Name of New Registered Agent:				
	22 Most C	entral Boulevard	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	iz vvesi od		r Florida sireci addi	resa
		Orlando	, Floride	32805
_		City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope, accept the abligations of my position as registere, being filed to merely reflect a change in the regis company has been notified in writing of this chan	r and compl d agent as p tered office	ete performance o rovided for in Cha	f my duties, and La pter 608, F.S. Or, .	m familiar with and if this document is
	If Chan	ging Registered Agent	Signature of New Key	istered Agent

Page 1 of 2

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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:

tle	Name	<u>Address</u>	Type of Action
			SEC ALL
			Adu Z
			<u> </u>
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			Remove
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If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	iry.)
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unds 1	nuary 5th	2010	
ned CATA		7	
	<u> </u>	ber de number / representative of a member	·
	Signature of a medit	Dykes C. Everett	
	Tvn	ed or printed name of signer	

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Filing Fee: \$25.00