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EXAMINER

06-83808

COVER LETTER

	gistration Section vision of Corpor						
SUBJECT	DGLT	Tucker	Station	, LLC			
SCHILLET		C	Name of Limite	ed Liability Company)			
The enclose	xd Articles of Am	endment and	fee(s) are subm	nitted for filing.			
Please retur	n all corresponde	ence concernir	ng this matter to	the following:			
		Robert	Stevens				
				(Name of Person)			
		Tucker	Station	1, LLC (Firm/Company)			
		960 Ce	entral Av	 			
				(Address)			
		Naples	s, FL 341	02		2009 SEE	
	•		((City/State and Zip Code)		2009 AUG -6 SECRETAR) PALLAHASSI	ander 1
For further	information conc	erning this ma	atter, please cal	l:		111-	
Rob	ert Steve	ens		at (239) 261-7753	l	S 10	*****
	(Name of P	erson)	·	(Area Code & Daytimo	e Telephone Number)	AM IO: 47 OF STATE E, FLORIO	
Enclosed is	a check for the f	ollowing amo	unt:			427	
\$25.00	Filing Fee 【	⊒\$30.00 Filin Certificate	g Fee & e of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &)

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

DGLT Tucker Stat	tion, LLC				
(Name of the Limited) (A	Liability Compan Florida Limited Li	y as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on August	24, 20	06 and assigne	d
Florida document number					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
TUCKER STATION, L	LC				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	e designation	ESE DOS	viation
Enter new principal offices address, if applica	ble:	Tucker Stati	on, LLC		<u> </u>
(Principal office address MUST BE A STREE)	(ADDRESS)	960 Central	Avenue	SS -6	ž,ma
		Naples, FL 3	4102	E S	17
				25 5	3
Enter new mailing address, if applicable:				三三	
(Mailing address MAY BE A POST OFFICE B	OX)			=	
B. If amending the registered agent and/oregistered agent and/or the new registered off			ords, <u>enter</u>	the name of th	e new
Name of New Registered Agent:	Robert	Stevens			
New Registered Office Address:	960 Cen	ntral Avenue			
		(Enter Flo	orida street a	ddress)	
	Naples		_, Florida _	34102	
		(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.

(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>	Address	Type of Action
MGR	Robert Stevens	960 Central Ave. Na	ples FL Add 102 Remove
MGRM	_Larry_Tucker	960 Central Ave. N	Add Add Remove
			Add Remove
			2009 Adde Remove
			Add Remote
		**	Add Remove
D. Ifam	ownership is 100%	August 1	, if necessary.)
Dated	August 3, 2009	Dury Jucker	
		of a member or authorized representative of a memi arry Tucker	Der
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00