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11 MAY 10 PH 12: 21

T. HAMPTON

MAY 1 1 2011

EXAMINER

COVER LETTER

TO:	Registration Sectorial Division of Corporation			•		
SUBJE	CT:	DALE SO	DRENSEN, INC.			
			ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sul	omitted for filing.			
Please re	eturn all correspond	dence concerning this matter	to the following:			
			arry G. Segal, Esquire			
			Name of Person			
			Barry G. Segal, P.A.			
			Firm/Company			
		621 17th Street				
		Address				
		Vero Beach, Florida 32960				
		City/State and Zip Code				
		b	gspa@bellsouth.net to be used for future annual report notifica			
For furth	er information con	cerning this matter, please c	all:			
	Barry G.	Segal, Esquire	at (_772) 5	67-5552		
Name of Person		Person	Area Code & Daytime	Celephone Number		
Enclosed	is a check for the	following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL INC. ADDRESS		G . DDDDGG				

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAY 10 PM 12: 21

COIN OPERA	ATED INVESTMEN	TS, LLC.		
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now app da Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on _	August 28, 2006	and assigned	
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company l	<u>iere</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			 	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, enter the	e name of the new	
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.

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 Me nber Title Type of Action Address Name **MGRM** Barry G. Segal 621 17th Street Vero Beach, Florida 32960 √ Remove J. Dale Sorensen MGRM 5065 Highway A1A √ Add Vero Beach, Florida 32963 Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 1 2011 Dated_ Signature of thember or authorized representative of a member Barry G. Segal yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00