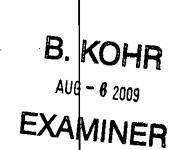
L06000091561

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

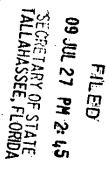




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COVER LETTER

TO:

Registration Section

Division	of Corporations				
	DEANL	OLDINGS LLC	TALAHASIN A		
SUBJECT:		OLDINGS, LLC ited Liability Company			
	Panic of Lini	ned Liability Company			
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.	A COSTA		
Please return all co	rrespondence concerning this matter	r to the following:	With the state of		
		STACY SMALL			
	Name of Person				
CMITH THOMPSON CHAMAS MANIALICA D.A.					
	SMITH THOMPSON SHAW & MANAUSA, P.A. Firm/Company				
1 till/Company					
	3520 THOMASVILLE ROAD				
	Address				
	TAI	LAHASSEE, FL 32309			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notification	ation)		
For further informa	ation concerning this matter, please of	call:			
	CTACV CMALL	050 0	02 4105		
STACY SMALL Name of Person		at (<u>850</u>) 8 Area Code & Daytime	93-4105 Telephone Number		
		7.11011 Codd of 2-13, 111110			
	for the following amount:		<u> </u>		
\$25.00 Filing F	ee \$\sqrt{\$30.00 Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &		
	Communic of Smings	(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE	D ADDDESS.		
		Registration Section	R ADDRESS.		
		Division of Corporat	ions		
		Clifton Building 2661 Executive Cent	er Circle		
		Tallahassee, FL 323			

ARTICLES OF AMENIMENT TO ARTICLES OF ORGANIZATION OF

DEAN HOLDINGS, LLC

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

The Articles of Organization for this Limited Li	ability Company were filed on SEPTEMBER 19, 2006 and assigned	
Florida document numberL06000091	<u>561</u> .	
This amendment is submitted to amend the folio	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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

Title	<u>Name</u>	Address	Type of Action
		<u> </u>	Add
•	R. CARLTON DEAN, JR., and APRIL B. DEAN, as tenants		
MEMBER	by the entireties	2065 THOMASVILLE ROAD TALLAHASSEE, FL	_XX Add ☐ Remove
ACTACO ED	DAVID WILSON DEAN and BRITTANY H. DEAN, as tenants by the entireties	2065 THOMASVILLE ROAD	·····
MEMBER		TALLAHASSEE, FL	Add Remove
÷			Add
			Remove
			Add
	·		
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			:
			_
			·
· 	7.14		
Dated	20	09/	
-	Signature of a member	or authorized representative of a member.	
-	R. CARL	TON DEAN, JR., MANAGER or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00