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EXAMINER



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09/24/12--01024--013 **25.00

DIVISION OF CONDUCTIONS

COVER LETTER

Division of Corporati	tions	
SUBJECT:	DENNIS FUR JANIC LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
		<u> </u>
The enclosed Articles of Amen	ndment and fee(s) are submitted for filing.	6
Please return all correspondence	ce concerning this matter to the following:	SCO THE TOTAL SCOTION OF THE PARTY OF THE PA
		5 CH
_	DENNIS FURJANIC Name of Person	平 5
	Name of Person	A SEP 24 PH 4: 22
	DENNIS FURTANIC LLC Firm/Company	<i>ن</i> ہ:
	Firm/Company	
	227 SW GAPAC TRAIL	
	Address	
	MADISON, FL, 32340	
	MADISON, FL, 32340 City/State and Zip Code	
	FURJANIC & EMBARQMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concern	,	
DENNIL FUR	at (850) 973-6110 Area Code & Daytime Telephone Number	
Name of Perso	on Area Code & Daytime Telephone Number	
Enclosed is a check for the foll		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status	&
	(additional copy is enclosed) Certified Copy (additional copy is e	enclosed)
MAILING A Registration		
Division of C P.O. Box 632		
Tallahassee,		
	1 and the state of 1 L 3 L 3 C 1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENNIS	FURJANIC LLC	<u>.</u>	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on ou orida Limited Liability Company)	r records.)	
·			
The Articles of Organization for this Limited Liabi	lity Company were filed on ムムー	11-20)2 and assigned	
Florida document number	<u>75</u> 55	ST	
		D THE	
This amendment is submitted to amend the following	ng:		
		3	
A. If amending name, enter the new name of th	e limited liability company here:	F. 12	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "LLC" or the abbreviation	
E.E.C.			
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	X)		
			
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new	
registered agent and/or the new registered office	e address here:		
Name of New Registered Agent:			
Navy Dagistanad Office Address:			
New Registered Office Address:	Enter Flor	rida street address	
-	City	_, Florida 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
MGRM	LINDA FURTANIC	227 SW GAPAC TIZAIL MADISON 121 32340	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.,)
-			_
-			_
Dated	Varis 4) Ligar	
		nber of authorized representative of a member S	

Page 2 of 2

Filing Fee: \$25.00