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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
AUG - 4 2009
EXAMNER

COVER LETTER

SUBJECT:	DI	DCU, LLC	
SUBJECT:		ited Liability Company	
	f Amendment and fee(s) are sul	_	
ricase return an corresp	ondence concerning this matter	to the following.	
		Frank A. Baker Name of Person	
		Name of Person	·
	-	Frank A. Baker, P.A. Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4	4431 Lafayette Street	
		Address	
		Marianna, FL 32446 City/State and Zip Code	
	franka	abaker@embarqmail.com to be used for future annual report notif	ication)
For further information	concerning this matter, please of		
	ank A. Baker		526-3633
Name	of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo
	ING ADDRESS:	STREET/COURI	
Registration Section Division of Corporations		Registration Section Division of Corpor	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DDCU, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	ers on our records.)		
(1110114)	Emmod Emonity Company)	•		
The Articles of Organization for this Limited Liability	Company were filed on	July 3, 2007	and assigned	
Florida document number L07000069565	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	ere:		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Comp	oany," the designation "LI	_C" or the abbrevi	ation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)			
			A C	<u></u>
•			- 2 €	
Enter new mailing address, if applicable:			ပ် ငြို့	
(Mailing address MAY BE A POST OFFICE BOX)			3	¦Ö
	 		ယ္ နုန	7
			9 8	7
B. If amending the registered agent and/or regi		our records, enter th	e name of the	nev
registered agent and/or the new registered office ad	<u>dress here</u> :			
N CN D i la				
Name of New Registered Agent:				
New Registered Office Address:				
	E.	nter Florida street addr	ess	
		, 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 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	John E. Downs	P.O. Box 149, Webb, AL 363	76 Ø Add Remove
			Add Remove
			Add Retnove
			Add Remove
			Add Remove
			Add Rcmove
D. If am		er change(s) here: (Attach additional sheets, if neces	
	Article V is amended to	reflect that John E. Downs is Manage	er for
	the Company, rather tha	n Managing Member.	SECRETARY OF COR
Dated	July 28	2009	PESTATE RPORATIONS
	X John & Doc	member or authorized representative of a member	
	Signature of	John E. Downs	
		Typed or printed name of signee	

Page 2 of 2

Filing Fce: \$25.00