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## **COVER LETTER**

TO: Registration Section Division of Corpo	ion rations					
CATALON STRUCTURE	D ? D HAP	layof llc				
SUBJECT:		ited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
	KATH	LEED FUCHS				
		Name of Person				
	D! DHAR	RIJON LLC				
		Firm/Company				
	101 CLIFFOR	RD AVELUE, EUSTIS A	L 32726			
		Address				
			· · · · · · · · · · · · · · · · · · ·			
		City/State and Zip Cods				
	B-mail address: (	to be used for future annual report notifical	tion)			
For further information con	coming this matter, please o	pali:				
15ATAL9EL	FUCUS	,,352,989.71c	2			
Name of Person  Area Code & Daytime Telephone Number		elephone Number				
Enclosed is a check for the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EUSTIS FL	32726			
SAME AS AB	918			
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New Registered Office Address:  Enter Florida street add				
. Florida				
City	Zip Code			
	ity company here:  ed Liability Company," the des  101 CL 1 FFORD  EUSTIS FL  SAME AS AB  kee address on our record  Enter Florida  , R			

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>	Name	Address	Type of Action
Manager	Denise L. Harrison	6205 Mountain Laviel Rd Knoxville, TN 37924	Add Remove
			Add Remove
			Add
			Add Remove
			Add
			Add
D. If amend	ling any other information, enter change	s(s) here: (Attach additional sheets, if necessary	
			FILED FEB 24 PM VKILIAIN OF S LAHASSEE, FI
			SIATE FLORIDA
Dated	01/22/2010. Lena Hans	in last Henl	
	Denise L. Harri	or authorized representative of a member  SON SATHLEEN FUCH  or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00