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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : JOSEPH N. PERLMAN

Account Number : I20000000002 Phone : (727)536-2711 Fax Number

: (727)536-2714

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DZYK, LLC

	**	
0	0	Certificate of Status
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\$25.00	\$25.00	Estimated Charge
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Corporate Piling Menu

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J. BRYAN

JAN - 8 2008

EXAMINER

COVER LETTER

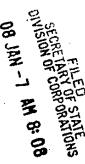
TO: Registration S Division of Co			
SUBJECT: DZYK, L	LC		
**************************************		mited Liability Company)	
	Amendment and fee(s) are su	•	08 C
	OSAMA KHAZEND	DAR	OB JAN -7 AM 8: 08
		(Name of Person)	ORPO,
	DZYK, LLC	M 6	7 AM 8: 08
		(Firm/Company)	3 35
	1420 COURT STRE	(Address)	
	CLEARWATER, FL	ORIDA 33756	
		(City/State and Zip Code)	
For further information of	oncerning this matter, please	call:	
OSAMA KHAZENI		at (727) 443-0718	
(Name o	of Parson)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	ng address:	STREET/COURIES	R ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Conter Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



•			i Oa
MI - VAL V in it.	DZYK, LLC		
(Same of the Limited	I Liability Company as it now an A Florida Limited Liability Company	ly)	
The Articles of Organization for this Limited I	isbility Company were filed on	DECEMBER 31, 2	007 and assigned
Florida document number L080000000			· ·
Plorida document number	· · · · · · · · · · · · · · · · · · ·		•
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company	here:	
The new name must be distinguishable and end wi"L.L.C."	th the words "Limited Liability Co	mpany," the designation	"LLC" or the abbreviation
B. If amending the registered agent and, registered agent and/or the new registered o		n our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1420 COURT STREET		
		(Enter Florida street e	address)
	CLEARWATER	. Florida	33756
	(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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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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 = Ma MGRM = N	nager Ianaging Member		
<u>Citle</u>	Name	Address	Type of Action
			Add Remove
·			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			BIVISION DATE OF THE OWNER OWNER OF THE OWNER O
	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.) WATER, FLORIDA 33756	of corpori
_			8: 08
 	HARY 4 0 / 2	2008	
aleci	Signature of a me	ember or authorized representative of a member	-
	Joseph N. Her	yped or printed name of signee	
		Page 2 of 2 (((H0800000)	3180 3)))

Filing Fee: \$25.00