## 1.080000001945

| (Requestor's Name)                      |
|---|
| (Address)                               |
| , ,                                     |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| A. LUNT                                 |
| JUN -1 2010                             |
| EXAMINER                                |

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05/31/11--01018--002 \*\*30.80

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT:   | Dor   | oco HP LLC  |   |             |   |
|--|---|---|---|-------------|---|
| 30D0001.   | Name of Lim                                       | ited Liability Company  |   |             |   |
|  | of Amendment and fee(s) are supported this matter |   |   |             |   |
|  |   | to the tone mag.  |   |             |   |
|  |   | Donald Donato   | <del></del>   |             |   |
|  |   | Name of Person  |   |             |   |
|  |   | Donco Designs LLC   |   |             |   |
|  |   | Firm/Company  |   |             |   |
|  |   | PO Box 667051   |   | 20          |   |
|  |   | Address   |   | 2011 MAY 31 | *************************************** |
|  | Pompano Beach, FL 33066                           |   |   |             | į seisami                               |
|  |   | City/State and Zip Code   |   |             |   |
|  | Dona  | ato@DoncoDesigns.com  |   | PH 4:       | 112                                     |
|  | E-mail address: (                                 | to be used for future annual report notification)   | This like   | ₩.          | flaver i                                |
| For further information  | concerning this matter, please of                 | call:   | 无 '   | ស           |   |
|  | onald Donato                                      | at ( 954 ) 263-728  | 32  |             |   |
| Name of Person   |   | Area Code & Daytime Telephone   | e Number  |             |   |
| Enclosed is a check for  | the following amount:                             |   |   |             |   |
| \$25.00 Filing Fee   | ✓\$30.00 Filing Fee & Certificate of Status       | Certified Copy (additional copy is enclosed)  | io.00 Filing Fee,<br>Certificate of Sta<br>Certified Copy<br>(additional copy | itus &      | osed)                                   |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | STREET/COURIER ADDING Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |             |   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Donco HP  | LLC                                    |  |   |  |
|---|--|--|---|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Liab   | as it now appears o<br>oility Company) | n our records.   |   |  |
| The Articles of Organization for this Limited Liability Company we Florida document numberL08000001945  | ere filed on                           | 01/07/08   | and as                                  | signed   |
| This amendment is submitted to amend the following:   |  |  |   |  |
| A. If amending name, enter the new name of the limited liabilit   | y company here:                        |  |   |  |
| Donco Design  | s LLC                                  |  |   |  |
| The new name must be distinguishable and end with the words "Limited "L.L.C."   | Liability Company,                     | " the designation "  | - <u>}</u> ;;                           | abbreviatio  |
| Enter new principal offices address, if applicable:   |  |  |   | 1  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  | ======================================= | STATE OF THE STATE |
|   |  | ***  | P                                       | [ ]  |
| Enter new mailing address, if applicable:   |  | 14 Page 14 Pag | +: 05                                   | American A   |
| Mailing address MAY BE A POST OFFICE BOX)   |  |  |   |  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent: | e address on our                       | records, enter   | the name                                | of the ne  |
| New Registered Office Address:  | Enter                                  | Florida street ad  | dress                                   |  |
|   | , Florida                              |  |   |  |
|   | City                                   |  | Zip Cod                                 | e e  |
| New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agree.                              | to act in this capa                    | citv. I further as   | ree to com                              | nlv with   |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma<br>MGRM = I                   | anager<br>Managing Member               |  |                |
|--|---|--|----------------|
| <u>Title</u>                           | <u>Name</u>                             | Address  | Type of Action |
| ······································ |   |  | Add            |
|  |   |  |                |
|  |   |  | Add Remove     |
|  |   | 3  | E DAdd         |
|  |   | (  | Remove -       |
|  |   |  | Add Remove     |
|  |   |  | <br>∰Add       |
|  |   |  | Remove         |
|  |   |  | Add            |
| D. If amen                             | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary. | )              |
| _                                      |   |  | <del></del>    |
| _                                      |   |  | <del></del>    |
|  |   |  |                |
| Dated                                  | 5/27 , 20                               | <u>((                                   </u>         | <del></del>    |
|  | Signature of a member                   | Donato r or authorized representative of a member    | <del></del>    |
|  | ·                                       | Donald Donato  or printed name of signee             | - <del></del>  |
|  | Турец                                   | P2-52  |                |

Page 2 of 2

Filing Fee: \$25.00